P16000069865

(F	Requestor's Name)		
(/	Address)		
(/	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	,		
	!		

Office Use Only



500288864435

10/03/16--01026--006 **43.75

Nov.10,2014

C LEWIS



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 31, 2016

PHATTARAKANYA UEASRI / TRIPLE EIGHT 8 CO 4990 SW 171ST TERR MIRAMAR, FL 33027 US

SUBJECT: TRIPLE EIGHT 8 COMPANY

Ref. Number: P16000069865

We have received your document for TRIPLE EIGHT 8 COMPANY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 916A00021588

COVER LETTER

TO: Amendment Section
Division of Corporations

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

NAME OF CORPOR	RATION: TRIPLE EIGHT 8	COMPANY		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Phattarakanya Ucasri			
		Name of Contact Person	·	
	TRIPLE EIGHT 8 COMPANY			
	**************************************	Firm/ Company		
	4990 SW 171St Ter			
		Address		
	Miramar, Florida 33027			
		City/ State and Zip Code		
URB	ANTHAISUSHI@GMAIL.C	· OM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:	,	
Phattarakanya Ucasri		at (⁷⁸⁶	384-1341	
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☑\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	ling Address	Street /	Address	

Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

SECRETARY OF STATE

to

•	of		ORVISION OF CO	RECRAIL
	Triple Eight	8 Company	2016 NOV -9	PM 3:
(Name of C	Corporation as currently	filed with the Florida De	pt. of State)	
	P16000	069865		
•	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Fi	orida Profit Corporation	adopts the following amen	ndment(s)
A. If amending name, enter the new name Triple Eight 8 Co.	of the corporation:		The	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co	". A professional corpo	porated" or the abbrevi	new ation n the
B. Enter new principal office address, if applicable:		Urbanthai b	< sushi	
(Principal office address <u>MUST BE A STRE</u>	EET ADDRESS)	660 w Hal	llandale Beach	Blvd.
		_Hallandale Be	each FL 33009	i
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	FICE BOX)		33027	_ _ _
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the na	me of the	
Name of New Registered Agent	Kultawa	. <u>Ueasri</u>	<u> </u>	
	641 SW 3rd (Florida street		Beach 33009	l
New Registered Office Address:			, Florida	
	(C	ity)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	zing Registered Agent: agent. I am familiar with	n and accept the obligation	ns of the position.	
	Signature of New Reg	stered-Agentaif.changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	ve, and sa	lly Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add	•		
Remove			
3) Change			
Add			
Remove	•	•	
4) Change	 :		
Add			
Remove			
5) Change			
Add			
Remove			•
δ) Change			
Add			
Remove			, _

The manifestar bridging in the conducty).	icles, enter change(s) here: (Be specific)
	<u> </u>
,	
•	
,	
•	<i>,</i>
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and added in the amendment itself:
W approved maiorie 14/1)	
W. T. S.	
W. 1.01 approach, statement 14/1)	
William approach, maiothe 1971)	
William Physics (1971)	
(y ros approach, maiotae 1971)	
(V. 1.01 spp. 1.010), stated (V/I)	

And the second of the second o	9/12/2016	. •	
The date of each amendment(s) add	option:	<u> </u>	, if other than the
date this document was signed.		r ii	: <u>(</u>
. 9/12/	2016	SECRETARY DIVISION OF CO	OF STATE
Effective date if applicable:			787 UNIO 31
	(no more than 90 days	after amendment file date) 2016 NOV - 9	PM 3: 49
Note: If the date inserted in this ble document's effective date on the Dep		tatutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf		er of votes cast for the amendmen	t(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through vo each voting group entitled to vote se		ment
•	or the amendment(s) was/were suffic	cient for approval	
by		15	
	(voting group)		
The amendment(s) was/were adoptaction was not required.	•		der
The amendment(s) was/were adoptaction was not required.	ited by the incorporators without shi	archolder action and shareholder	
9/12/2016			
Dated			
·			
Signature	//2/	v	
(By a di	rector, president or other officer - if	directors or officers have not bee	n ·
	, by an incorporator - if in the hand		
	ed fiduciary by that fiduciary)		
	Phattarakanya Ueasri		
-	(Typed or printed name of	of person signing)	
	Vice President		
~	(Title of pers	son signing)	