## P17000068483

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Akaliko Siam Ind	c				
NAME OF CORPORATION:P17000068483	<del></del>				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Youth Chantara					
	Name of Contact Person				
Tax By Sam Inc					
2813 S. Hiawassee Rd. S	Firm/ Company Ste # 304				
	Address				
Orlando FL 32835	7.00.035				
<del></del>	City/ State and Zip Code				
taxbysam1990@gmail.com					
E-mail address:	(to be used for future annual report notification)				
For further information concerning this matter, plea	ase call:				
Amara Silpikul	321 278-4467				
Name of Contact Person	at ()				
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

Akaliko Siam Inc			FILE		
	currently filed with the Flo	rida Dept. of State	)		
P17000068483		20	OI YAN BI	A 3-60	
(Documen	t Number of Corporation (if )	known)		CT 6	
Pursuant to the provisions of section 607. Incorporation:	1006, Florida Statutes, this c	orporation adopts the	in following a	mendment(s	) to its Articles
A. If amending name, enter the new na	me of the corporation:				
N/A					The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	ation "Corp," "Inc," or "Co	o". A professional			
B. Enter new principal office address,					
(Principal office address <u>MUST BE A ST</u>	(REET ADDRESS)				
		<del></del>			
C. Enter new mailing address, if appli	cable:	N/A		<del></del>	
(Mailing address MAY BE A POST (					
D. If amending the registered agent and		ss in Florida, enter	the name of t	<u>ihe</u>	
new registered agent and/or the new					
Name of New Registered Agent	N/A				
	(Florida stre	et address)			
New Registered Office Address:			Florida		
Hew Registered Office Address.	(City)	<b>,</b>		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		th and accent the ab	livations of th	a nanisiau	
i nereoy accept the appointment as registe	sreu agent i am jamittār wit	т ини иссері іне ов	ugauons oj tr	е роѕшоп.	
Sig	gnature of New Registered Ag	ent, if 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: 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)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Kanjana Fueangfung	740 Nashua Kane
Add x Remove			Orlando FL. 32817
2) Change	D	Thanakom Srangsuk	8232 Vineland Oaks Blvd
Add			Orlando FL 32835
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

011 11 1	5 11 1	40.00	
Amara Silpikul	President	40.0%	
issakorn Hemmasart	Director	34.4%	
hanakorn Srangsuk	Director	25.6%	
			. <u>-</u> .
		· · · · · · · · · · · · · · · · · · ·	·····
<u>.</u>	<del></del> ,		
. If an amendment pro	vides for an exc	change, reclassification, or cancellation of issued shares,	
		endment if not contained in the amendment itself:	
provisions for impler (if not applicable,	indicate N/A)		
(if not applicable,	indicate N/A)		
	indicate N/A)		
(if not applicable,	indicate N/A)		
(if not applicable,	indicate N/A)		
(if not applicable,	indicate N/A)		

The date of each amendment(s) a date this document was signed. Ma	adoption:	, if other than th
Effective date <u>if applicable:</u>	y 15t 2019	
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
May 3rd 2	2019	
Dated		
Signature	director, president or other officer – if directors or officers have not been	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Amara Silpikul	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del>_</del>