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#### COVER LETTER

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**TO:** Amendment Section Division of Corporations

GAME OF CORPORATION: <u>LAO THAVEE</u> , INC
OCUMENT NUMBER: P9700045881
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Rita Jack Man  Name of Contact Person  Pavell, Tackman, Stevens C Ricciardi PA  Firm/Company  4575 Via Royal Suite 200  Address  Fort Myers, FL 33919  City/ State and Zip Code  R Jackman & Yow-advocates org  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call;
RitaTackman at (Z39), 540-3333  Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Sectificate of Status S43.75 Filing Fee Sectificate of Status S43.75 Filing Fee Sectificate of Status Sectificate of Status Section Sec
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: \_. Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the bosition. Signature of New Registered Agent, 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>	<u>John D</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	. D	_	Bounthauy Sarivanna	ra 4200 Tamiami Trail PT Charlette, FL 33952
Add Remove				PI Charlette, FL 33732
2) Change Add	<u>· S</u>	_	Dougngdevane Sarivanna	Pi chailoth FL 33552
Remove 3) Change Add	VP	_	Somphony mahawisetsi	n 5559 Butte St Lehijh Azres, FL 33971
Remove  4) Change Add	P	<del>-</del>	Sammao NGonekeo	5559 Bitte St Lehigh Acres FL 33971
Remove  5) Change Add		-		
Remove 6) Change		_		
Add Remove				7.32

	ing additional Art eets, if necessary).	(Be specific)			
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	ovides for an excl	iange, reclassifica	tion, or cancellatio	n of issued shares.	1
<u>f an amendment pr</u>	ementing the ame	ndment if not con	tained in the amen	dment itself:	
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The date of each amendment(s) adoption: <u>8-29-18</u> date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Bourn sari ranara	
Signature Bouty Jar rathard	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
BOUNTHANN GARIVALLARA	
(Typed by printed name of person signing)	
Title of person signing)	