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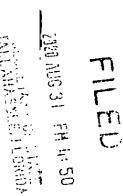
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COVER LETTER

TO:

TO: Registration Solution of Co.			
TRUONG	VENTURES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•
Please return all correspo	ondence concerning this matter	to the following:	•
	MY K VICK		
		Name of Person	
		Firm/Company	
	11941 SOUTHWEST BE		
	11941 300 HIWEST BE:	Address	 .
	PORT ST. LUCIE, FL 349		
	MKRISTYT22@AOL.CO	City/State and Zip Code	
	~	to be used for future annual report notif	ication)
For further information o	oncerning this matter, please ca	all:	
MY K VICK		772 812-7252 at ()	
Name c	f Person		: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED MAUG 31 PH 4: 50

TRUONG VENTURES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2020}{2000}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VICK, MY K	11941 SOUTHWEST BENNINGTON CIRCLE	🗆 Add
		PORT ST. LUCIE, FL 34987	□Remove
			\= Change
AMBR	TRUONG, STEPFANI T	11941 SW BENNINGTON CIRCLE	,≣Add
		PORT SAINT LUCIE, FL 34987	Add Remove 3
		<u></u>	Change
MGR HC	HO, NGA	1734 SW COLUMBIA STREET	Change C
		PORT SAINT LUCIE, FL 34987	DÂdd ♂
			□ Change
MGR	TRUONG, TIMMY	2680 SW FAIRGREEN ROAD	
		PORT SAINT LUCIE, FL 34987	■Remove
			□Change
MGR	TRUONG, LINDA H	2680 SW FAIRGREEN ROAD	□Add
		PORT SAINT LUCIE, FL 34987	≡Remove
			□Change
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fective date, if other an effective date is listed, to ote: If the date inserted ocument's effective date	d in this block does	not meet the appl	icable statutory fili	(option of the control of the contro	nal) Iling.) Pursuant to 605. date will not be liste
record specifies a delay is tiled.	ed effective date, bu	it not an effective	time, at 12:01 a.m	on the earlier of: (b)	The 90th day after
		2020			
AUGUST 28		` _ _	 ·		
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FT: F 535.00