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PROJUMOF CORPORATION

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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	Saison Pe	al 16C	₩	
Subsect.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
		Justin Bui Name of Person		
	Saigo	~ Dearl, LhC		2023 OCT
	6592 W.	Atlantic Ave		2023 OCT 18 PH12: 40
	Delray B.	each FL 3349 City/State and Zip Code	34	2:40
	BABbu F-mail address: (to be used for luture annual report note.	lication)	
For further information of	concerning this matter, please c	nH:		
<u>Justir</u> Name o	Person	at (727) <u>295</u> Area Code Daytime	- 9595 e Telephone Number	
Enclosed is a check for the	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 9 Division of C	Section	Street Address: Registration Sec Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

001 110

(Name of the Directed Limited Liability Company as it flow appears on our records) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Oq=07=2023 and assigned Florida document number	Saigon Dearl, Lhe	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tropical Subtified The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(Name of the Limited Liability Company as it flow appears on our (A Florida Limited Liability Company)	records.)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tropical Subtified The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Company were filed on $\bigcirc 9$ – $\bigcirc 9$	37 - 2023 and assigned
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Enter Florida street address	Name of New Registered Agent:	
Enter Florida street address		
, Florida	New Registered Office Address: Enter Florida street	t address
City Zıp Code		Florida
	City	Zip Code
	hereby accept the appointment as registered agent and agree to act in this capacit	v. I further agree to comply with

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 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	Vy T Nguyen	5037 Lake Blud	≨ Add
		5037 Lake Blud Delray Beach FL 3348	≥ □Remove
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if an effec <u>Note:</u> H	ve date, if other than cive date is listed, the date if the date inserted in thi nt's effective date on the	must be specific a s block does not	nd cannot be prior t Unneet the applica	o date of filing or me	re than 90 days after f	filing.) Pursuant to 605.0	0207 d as 1
e record rd is file	specifies a delayed effe d.	ctive date, but n	ot an effective tir	ne, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after	the
Dated _	10-15		2023				
			Juel	lu luurized representative	\mathcal{S}_{-}		