L23000434749

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COVER LETTER

Registration Section Division of Corporations

O:

UBJECT: Biinary Pro	ojects USA LLC			
	Name of Limite	d Liability Company		
he enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
	ondence concerning this matter to	_		
•	<u>-</u>	_		
	Jacob Johnson			
		Name of Person		
	Biinary Projects USA LLC		<u></u>	
		Firm/Company		
	345 Banyan Blvd #1507			
		Address		
	West Palm Beach, FL 33401			S
	frontdesk@wellstax.com	City/State and Zip Code		Z3 OC
		be used for future annual report not	ification)	13 3
or further information of	oncerning this matter, please call	1:		2023 OCT 3 OPM 3: 49 SECTL TARY OF STATE FALL AHASSEE, FL
onathan Wells		at () <u>952881534</u> .	3	STA STA
Name o	of Person	Area Code Daytin	ne Telephone Number	. IE 9
inclosed 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)	Certified (e of Status &
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 81	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Company as (A Florida Limited Liabil	it now appears on our record ity Company)	<u> s.</u>		
he Articles of Organization for this Limited L lorida document number <u>L23000434749</u>	iability Company were	e filed on <u>09/19/2023</u>	aı	nd assigne	:d
his amendment is submitted to amend the foll	owing:				
. If amending name, enter the new name o	f the limited liability	company here:			
he new name must be distinguishable and contain the v	vords "Limited Liability Co	ompany," the designation "LLC	or the abbreviat	ion "L.L.C."	
nter new principal offices address, if applic	able:				
Principal office address MUST BE A STREE	ET ADDRESS)		-		
nter new mailing address, if applicable:	_		SECAL TALL	2023 pc:	
Iailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>	- 3	**************************************
. If amending the registered agent and/or i	egistered office addr	ess on our records, <u>enter</u>	the name of the		rri giste
gent and/or the new registered office addre	ss here:		L'AN	64	
Name of New Registered Agent:	Jacob Johnson				
New Registered Office Address:		Enter Florida street addres	es .		
		Fl	orida		
		City	Zip	Code	

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

Bijnary Projects USA LLC

' 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 peing 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

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

AGR = Manager AMBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
√lanager	Jacob Johnson	345 Banyan Blvd #1507	□ Add
		West Palm Beach FL 33401	□Remove
			■ Change
			□Remove
			□Change
			SEC 23
			3 SEE FI
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	cifies a delayed e	ffective date, I	but not an	effective ti	me, at 12:01	a.m. on the ea	rlier of: (b) - 1	The 9	0th day	after the
				/						
l is filed.	10/23/23		_)-	_/						
l is filed.	10/23/23	Signatur	re of a vien	nber yr autho	orized represe	ntative of a mem	ber			_