L24000213939

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TÄLLAHASSEE, FLORIDA

COVER LETTER

	Registration Se Division of Cor					
aun in c	Saljoh Mul	tiservice LLC				
SUBJEC		Name of Lim	ited Liability Company	 		
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Sarita Ruiz Vargas				
			Name of Person			
		Saljoh Multiservice LLC				
			Firm/Company			
		2180 Florida Central PKW	/Y, Suite ATQ			
			Address			
		Orlando, Fl. 32837				
			City/State and Zip Code			
		sariruiz@saljohameriangro				
		E-mail address: (to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please co	all:			
Sarita Ruiz Vargas		813 9548024				
Name of Person		at () Area Code Dayti	me Telephone Number			
Enclosed	is a check for th	he following amount:				
□ \$2 5.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
Registration Section			Registration Section Division of Corporations			
	Division of C P.O. Box 632		The Centre of			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT | AM 8: 05 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE FARIDA The Articles of Organization for this Limited Liability Company were filed on $\underline{05/07/2024}$ Florida document number 1.-24000213939 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Saljoh American Group 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 agent and/or the new registered office address here:

New Registered Office Address:		
	Enter Florida street add	ress
_		Florida
	City	Zıp Code

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

Name of New Registered Agent:

Saljoh Multiservice LLC

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	Juanita Briceno	2180 Florida Central PKWY Suite A1Q	= Add
		Orlando Fl. 32837	□Remove
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