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Division of Corporations

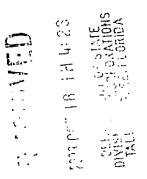
Fax Number : (850)617-6383

From:

Account Name : TAX HOUSE LLP Account Number : I20150000069 Phone : (954)482-5000 : (954)241-5600 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* [ -

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U.S.A. FLORIDA SERVICE, LLC

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Help

U.S.A. FLORIDA SERVICE, LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lir   | nited Liability Comp<br>(A Florida Limited | any as it new appe<br>Liability Company) | ers on our records.)                 | ·             | -        |      |
|--|--|--|--------------------------------------|---------------|----------|------|
| The Articles of Organization for this Limited Florida document number L13000172894     | Liability Company                          | y were filed on $\frac{1}{2}$            | 2/11/2013                            | and           | assigned |      |
| This amendment is submitted to amend the fo  | llowing:                                   |  |                                      |               |          |      |
| A. If amending name, enter the new name  | of the limited liab                        | oility company b                         | <u>icre</u> :                        |               |          |      |
| The new name must be distinguishable and contain the                                   | words "Limited Liabl                       | ility Company," the                      | designation "LLC" or the at          | breviation    | "L.L.C." |      |
| Enter new principal offices address, if appl   | 4100 N POWE                                | RLINE RD                                 |                                      |               |          |      |
| (Principal office address MUST BE A STREET ADD   |  | SUITE X-2                                |                                      |               |          | _    |
| ,  |  | POMPANO B                                | EACH, FL 33073                       |               |          |      |
| Enter new malling address, if applicable:  |  | 4100 N POWE                              | RLINE RD                             |               |          |      |
| (Mailing address MAY BE A POST OFFICE  | E BOX)                                     | SUITE X-2                                |                                      |               |          |      |
| POMPANO BEACH, FL 33073  |  | EACH, FL 33073                           |                                      | ~-            |          |      |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office :<br>ess here:           | address on our i                         | records, <u>enter t<b>he</b> nam</u> | e of the n    | ew regis | tere |
|  |  |  |                                      |               | 80       |      |
| Name of New Registered Agent:  | <del></del>                                |  |                                      | <del></del> - | <u> </u> |      |
| New Registered Office Address:   | 4100 N POWERLINE RD, SUITE X-2             |  |                                      | -             | œ        |      |
|  |  | Enter Flo                                | rida street address                  | •             | J6       |      |
|  | POMPANO BE                                 |  | , Florida <sup>330</sup>             |               |          |      |
|  |  | City                                     |                                      | Zip Cod       | 5        |      |

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

2023-10-18 19:54:59 GMT

MGR = Manager AMBR = Authorized Member

| Title       | Name               | Address                        | Type of Action   |
|-------------|--------------------|--------------------------------|------------------|
| AMBR        | ONNIX HOLDING CORP | 4100 N POWERLINE RD, SUITE X-2 | □ Add            |
|             |                    | POMPANO BEACH, FL 33073        |                  |
|             |                    |                                | □ Change         |
| AMBR        | GENESIS MOREIRA    | 4100 N POWERLINE RD, SUITE X-2 | BAdd             |
|             |                    | POMPANO BEACH, FL 33073        | □Remove          |
|             |                    |                                | Change           |
| AMBR        | RENATO INOUYE      | 4100 N POWERLINE RD, SUITE X-2 | <b>≣</b> Add     |
|             |                    | POMPANO BEACH, FL 33073        | □Remove          |
|             |                    | ·                              | □ Change         |
| ·           |                    |                                | [ ] Add          |
|             |                    |                                | □Remove          |
|             |                    |                                | □Change          |
| <del></del> |                    |                                | □Add             |
|             |                    | <del></del>                    | (]Remov <b>e</b> |
|             |                    |                                | Change           |
| <u>,</u>    | AMARA - 1          |                                | □ Add            |
|             |                    |                                | □Remove          |
|             |                    | 478.41.277.2                   | Change           |

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| ective date, if other than the officitive date is listed, the date must te: If the date inserted in this bloument's effective date on the De | be specific and cannot be prior to<br>ck does not meet the applicable | (option<br>date of filing or more than 90 days after f<br>e statutory filing requirements, this | iling.) Pursuant to 605,020            |
| cord specifies a delayed effective<br>s filed.   | date, but not an effective time                                       | , at 12:01 a.m. on the earlier of: (b)  | The 90th day after the                 |
| OCTOBER 18   | 2023  |   | •                                      |
|  | (a)   |   | •                                      |
|  |   |   |  |