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| To: | Division of Corporations - | , · · |
| | Fax Number : (850)617-6383 | |
| | | |
| From: | Account Name : MARKO & MAGOLNICK, P. A. | |
| | Account Number : IZBB\$BBBBBB | |
| | Phone ; (305)285-2900 | |
| | Fax Number : (305)285-5555 | |

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JPC SOLUTIONS USA, LLC

M. C. L. IVED

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EFFAULT COMPONATIONS

LL. C. SEE, FLORIDAS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF A TO ARTICLES OF OF OF | RGANIZATION | |
|--|---|--------------------------------|
| OI. | | |
| JPC SOLUTIONS USA, LLC | | |
| (Name of the Limited L | y as it now appears on our records, solity Company) | |
| The Articles of Organization for this Limited Liability Company with Florida document number | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" | or the abbreviation "I.J.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | <u> </u> | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | idress on our records, <u>enter t</u> | the name of the new registered |
| Name of New Registered Agent; | <u> </u> | |
| New Registered Office Address: | Enter Florida street address | |
| | . Flo | orida |
| | City | Zip Code |
| New Registered Agent's Signature, it changing Registered Agent; | | |
| - 1 | e to get in this capacity. I fig. | ther agree to comply with the |

I hereby accept the appointment as registered agent and agree to act in this 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: (((H23000307967 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------|--------------------------------------|--|
| MGR | Luis Dlego Cordeto | 3001 SW 3rd Ave., | 蜀Add |
| | | Mlami, FL 33129 | □Removs |
| | | | Change |
| MGR | CORRIGAN, BRIAN J | 1840 SW 22ND ST, 4TH FLOOR, STE 1264 | □Add |
| | | MIAMI, FL 33145 | |
| | | | ☐ Change |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requided document's effective date on the Department of State's records. | (optional) 190 days after filing.) Pursuant to 605.0207 (3)(rements, this date will not be listed as the |
| he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the | earlier of: (b) The 90th day after the |
| ord is filed. | |
| Onted Sep 1, 2023 Sep 1, 2023 Sep 1, 2023 | |
| | |

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