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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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	F	PICK UP:	BROOK 4/17	
	CERTIFIED COF	PY		
XX	РНОТОСОРУ			
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XX	FILING	LLC	C AMEND	
• _	L.P.E. USA, LLC (CORPORATE NAME AND	DOCUMENT #)		
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PECIAL ISTRUC	TIONS:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 APR 17 AHII: 40

L.P.E. USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liz	ibility Company were filed on	12/20/2023	and assigned
Florida document number L23000559429		·	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability compan	<u>v here</u> :	
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," (the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: N/A		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on ou here:	ır records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		_	
···· ·	Enter	Florida street address	
		, Flo	rida
	City		Zip Code

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 wr removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rafael A. Olivares Rodriguez	1808 Stoneview Ct	≅ Add
		Grove City, OH 43123	□Remove
			□Change
AMBR_	Nanet Sanchez	4522 29th St SW	🗆 Add
		Lehigh Acres, FL 33973	■ Remove
			□Change
			□Add
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ttect an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
recor	d 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
l is fil	cd.
ated	April 15th , 2024
	Signature of a member or authorized representative of a member
	1 \ \ \tau_{\text{cris}} \ \mathref{m} \ \ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Typed or printed name of signee