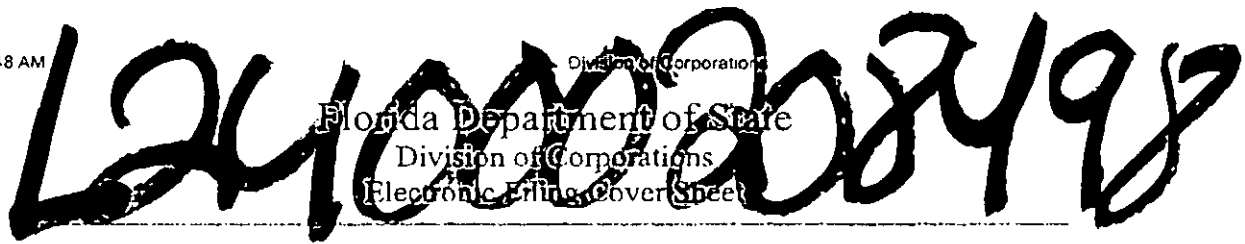


5/23/24, 11:48 AM



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(((H24000184740 3)))



H240001847403ABC/

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MIACCOUNTING CO  
Account Number : I20220000131  
Phone : (305)610-2704  
Fax Number : (305)647-6040

\*\*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  
PDT GROUP USA LLC

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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MAY 23 2024

T. LEMIEUX

1/1

## COVER LETTER

(((H24000183187 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: PDT GROUP USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IHOR LEBEDYK

Name of Person

PDT GROUP USA LLC

Firm/Company

1402 MYRTLE OAK TER

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

info@miacounting.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IHOR LEBEDYK

at (305) 610 - 2704

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing Fee &  
Certificate of Status☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H24000183187 3)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(((H24000183187 3)))

PDT GROUP 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 Liability Company were filed on 05/03/2024 and assigned  
Florida document number L24000208498

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

(((H24000183187 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000183187 3)))

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	YANA BURYKINA	1402 MYRTLE OAK TER	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IHOR LEBEDYK	1402 MYRTLE OAK TER	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H24000183187 3)))

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 23 2024

Signature of a Member or authorized representative of a member

IHOR LEBEDYK

Typed or printed name of signee

((H24000183187 3)))