29/10/2024, 14:15



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(((H24000360467 3)))



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Division of Corporations

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From:

Account Name : EAST COAST MULTISERVICE INC

Account Number : I20230000142 Phone : (305)631-2190

Fax Number : (786)713-1965

*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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2024-10-29 18:19:39 GMT

17867131965

From: East Coast Multiservice Inc.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PFC USA		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000318096</u>	were filed on JULY 17, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	flity Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2071
Enter new mailing address, if applicable:		730.
(Mailing address MAY BE A POST OFFICE BOX)		\$₹ 0 .=
		PH 2:
B. If amending the registered agent and/or registered office	address on our records, enter the	
agent and/or the new registered office address here:		: 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and i	I am familiar with and

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.

17867131965 From: East Coast Multiservice Inc

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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
MGR	BACCA BARRIOS, PAULINO	9594 NW 41 ST 210	
		DORAL, FL 33178	=Remove
			□Change
AMBR HENRIQUEZ, LUIS ALI	HENRIQUEZ, LUIS ALEJANDRO	9594 NW 41 ST 210	
		DORAL, FL 33178	≣Remove
			Change
MGR TRIANA I	TRIANA RAMIREZ, JUAN CAMILO	9594 NW 41 ST 210	€ Add
		DORAL, FL 33178	□Reniove
			□Change
			🗆 Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			🗀 Add
			Remove
			□Change

From: East Coast Multiservice Inc.

		 	
			
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Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	date of filing or more than 90 day	(optional) seafter filing.) Pursuant to 605.0207 (3 as, this date will not be listed as th
he record specifies a delayed effective of ord is filed	date, but not an effective tim	ic, at 12:01 a.m. on the earlier	of (h). The 90th day after the
Dated OCTOBER 24TH	2024		
	Sand France		
S	ignature of a member or author	ized representative of a member	
	JUAN CAMILO TRI	IANA RAMIREZ	
	Typed or printed	I name of signee	