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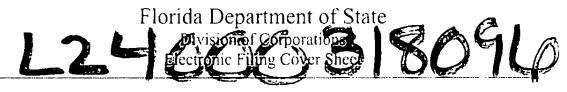
Page: 2 of 5

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From, East Coast Multiservice Inc.

Division of Corporations



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Account Name : EAST COAST MULTISERVICE INC

Account Number : 120230000142 : (305)631-2190 Fax Number : (786)713-1965

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Page: 3 of 5

2025-07-16 15:01:43 GMT H25000227531 3 17867131965

From East Coast Multiservice Inc

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEC USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/17/2024 The Articles of Organization for this Limited Liability Company were filed on _____ _ and assigned Florida document number <u>L24000318096</u> 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

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.

Cin

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:

MGR = Manager AMBR = Authorized Member

Page 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TRIANA RAMIREZ, JUAN CAMILO	9594 NW 41 ST 210	
		DORAL, FL 33178	
			Change
AMBR	NASRALLA PALOMARES, DALIA ROSA	9594 NW 41 ST 210	■Add
		DORAL, FL 33178	_
			Change
MBR	HENRIQUEZ MENDOZA, LUIS ALEJANDRO	9594 NW 41 ST 210	■Add
		DORAL, FL 33178	□Remove
			Change
MBR	ESTEVEZ PERDOMO, ILICH DAVID	9594 NW 41 ST 210	= Add
		DORAL, FL 33178	CRemove
			□ Change
			= Add
			□Remove
			□ Remove

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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	ock does not meet the	: applicable statute	ing or more than 90 day ory filing requirement	(optional) is after filing.) Pursuant to is, this date will not be	605.0207 (3 histed as the
the record specifies a delayed effective ord is filed.	e date, but not an eife	ective time, at 12:0	H a.m. on the earlier	of: (b) The 90th day :	ifter the
JUNE 26 Dated	2025	5			
	SAR				
JE AN CAND	Signature of a member	or authorized repre	sentative of a member		
	JUAN CAI	MILO TRIANA I	ANHKEZ		