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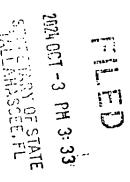
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COVER LETTER

TO:	Registration Sec Division of Corp						
OL'D II	eur.		EXPRESS LLC				
SCRIE	CT:	Name of Lim	ited Liability Company				
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please 1	eturn all correspon	ndence concerning this matter	to the following:				
		N	MIGUEL J VELAZQU	EZ			
			Name of Person				
			VELMI EXPRESS LI	.C			
Firm/Company							
6162 LAWRENCEVILLE CIRCLE							
			Address				
		JAC	CKSONVILLE FL 322	:17			
			City/State and Zip Co	de			
			miguelock@yahoo.co				
			to be used for future annu	ual report notificat	ion)		
For furt	her information ed	oneerning this matter, please c	all:				
	MIGUEL J V	/ELAZQUEZ	904	438 0357			
	Name of	Person	Area Code	Daytime Te	lephone Number	_	
Enctose	ed is a check for th	e following amount:				·-	
≡ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		S60.00 Filing Certificate o Certified Co (additional copy	f Status & py	
	Mailing Address Registration S Division of C	section orporations	Regis Divis	Address: stration Section of Corpor	rations	SEGNETARY OF TALLAHASSE	2024 OCT -3 PM
P.O. Box 6327			The Centre of Tallahassee			E S	က္

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VELMI EX	TPRESS LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document numberL1800183369	ny were filed on	07/31/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
ProBuild Master LLC			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		· 	
C. A			
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)	 -		
			<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our red	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	 	<u> </u>	
New Registered Office Address:	·		
	Enter Florid	la street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ot:</u>		2 024 SEC
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of n us provided for in Cl	ny duties, and I am hapter 605 F.S. Or	familiar-with and

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	
$\Delta MRR =$	Authorized	Men

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
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	····		-3 PH 3: VER STAREMENT
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t ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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CCo ati	tive date, if other than the date of filing:	
im eff <u>lote:</u>	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursual II' the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	nt to 605,0207 (be listed as t
recor i is til	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th cited.	ký afterine
ated	SEPTEMBER 27 2029, July	談 る
	Signature of a mornher or authorized representative of a member	PH 3: 33
	MIGUEL J VELAZQUEZ	က် ယ

Typed or printed name of signee