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## **COVER LETTER**

10: Registration Sc Division of Cor			
	ORIM ENGINEERING CONS	THNG& SERVICES HIC	
SUBJECT:	Name of Limit	ted clability Company	
The enclosed Articles of	Amendment and feets) are sub-	nitted for filing.	
Please return all correspo	undence concerning this matter t	o the following:	
	ALINI, CARVALHO		
		Name of Person	
	OAK TAX USA BUSINES	S SOLUTIONS LLC	
		Limi Compans	
	1420 CLI EBRA HON BL	√D - S [1 200	
		Address	
	KISSIMMEL/IT, 34747		
		City State and Zip Code	
	contact a oaktaxusa.com		<del></del>
to an incomb on how many of the con-		o be used for future annual report notifi ii.	cation)
	oncerning this matter, please ca	III,	
ALINE CARVALHO		407 861 2942 at ()	
Name o	t Person	Area Code Daytime	Telephone Number
I nelosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Lee & Certified Copy (additional copy is enclosed)	\$60,00 Liding Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of T.	
Tallahassee, 1			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KATOAMORIM ENGINEERING CONSULTING & SERVICES 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  $\frac{01/20/2023}{2}$ and assigned Florida document number \_\_\_\_L23000038613 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAFEBUILDING USA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1327 FLAGSTONE AVE Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) KISSIMMEE FL 34747 1327 FLAGSTONE AVE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) KISSIMMEE FL 34747 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 , Florida Cin

## 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 or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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effective date is l	other than the date of isted, the date must be spe iserted in this block do be date on the Departm	eific and cannot be prices not meet the appl	or to date of filing or m icable statutory filin	(option ore than 90 days after fit g requirements, this d	ing.) Pursuant to 605.0
ord specifies a filed.	delayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t
orlando	. MAY 16	2024	^		
			horized representative	\	

Typed or printed name of signee