

L23000025057

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

From: Account Name : MEDEIROS SOUZA CORP  
Account Number : 120190000068  
Phone : (407)326-8484  
Fax Number : (407)604-6519

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_ Contact@medeirosouza.com \_\_\_\_\_

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 RECEIVED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRO BUILD 3D LLC**

Certificate of Status	0
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**M. SOLOMON**  
FEB 27 2023

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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pro Build 3D 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:

Rubem Souza

\_\_\_\_\_  
Name of Person

Medeiros Souza corp

\_\_\_\_\_  
Firm/Company

1711 Amazing Way, Ste 213

\_\_\_\_\_  
Address

Ocoee, FL 34761

\_\_\_\_\_  
City/State and Zip Code

contact@medeirosouza.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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For further information concerning this matter, please call:

Rubem Souza

407

326 - 8484

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Build 3D 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 02/23/2023 and assigned Florida document number 1.23000085057

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:

6444 SW 52nd Ter Palm City, FL 34990

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6444 SW 52nd Ter Palm City, FL 34990

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Medeiros Souza Corp

New Registered Office Address:

1711 Amazing Way, Ste 213

Enter Florida street address

Ocoee

City

Florida 34761

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.

Handwritten initials

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	METALLIC 3D, INC	6444 SW 52nd Ter Palm City, FL 34990	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FiAA LLC	1711 Amazing Way Ste 213, Ocoee, FL 34761	<input type="checkbox"/> Add
			<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

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STATE OF FLORIDA

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

Multiple horizontal lines for amending information.

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 ADMINISTRATION

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12 (1) a.m. on the earlier of: (b) The 90th day after the record is filed

Dated Orlando 02/23/2023

  
 Signature of a member or authorized representative of a member

Rubem Souza  
 Typed or printed name of signee

Filing Fee: \$25.00