

**L23000085057**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From: Account Name : MEDEIROS SOUZA CORP  
 Account Number : I20190000068  
 Phone : (407)326-8484  
 Fax Number : (407)604-6519

2023-05-24 14:10:12

\*\*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

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

|                       |         |
|-----------------------|---------|
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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)

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: \_\_\_\_\_

(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: Medeiros Souza Corp

New Registered Office Address: 1711 Amazing Way Ste 213

*Enter Florida street address*

Ocoee Florida 34761

*City*

*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.*

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         | F1AA LLC         | 1711 AMAZING WAY, STE 213            | <input type="checkbox"/> Add               |
|              |                  | OCOE, FL 34761                       | <input checked="" type="checkbox"/> Remove |
|              |                  |                                      | <input type="checkbox"/> Change            |
| AMBR         | SPOT GLOBAL CORP | 13660 CHAUVIN AVE, ORLANDO, FL 32827 | <input checked="" type="checkbox"/> Add    |
|              |                  |                                      | <input type="checkbox"/> Remove            |
|              |                  |                                      | <input type="checkbox"/> Change            |
|              |                  |                                      | <input type="checkbox"/> Add               |
|              |                  |                                      | <input type="checkbox"/> Remove            |
|              |                  |                                      | <input type="checkbox"/> Change            |
|              |                  |                                      | <input type="checkbox"/> Add               |
|              |                  |                                      | <input type="checkbox"/> Remove            |
|              |                  |                                      | <input type="checkbox"/> Change            |
|              |                  |                                      | <input type="checkbox"/> Add               |
|              |                  |                                      | <input type="checkbox"/> Remove            |
|              |                  |                                      | <input type="checkbox"/> Change            |

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

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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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated Orlando 05/24/2023



Signature of a member or authorized representative of a member

Rubem Souza

Typed or printed name of signer