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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

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@medeirossouza.com__

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

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16 2023 NOV T. LEMIEUX Registration Section

TO:

COVER LETTER

Division of Co	orporations		
PRO BUI	LD 3D LLC		
SUBJECT:	Name of Lin	ited Liability Company	- · · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Rubem Souza		
		Name of Person	······································
	Medeiros Souza corp		
		Firm/Company	
	1711 Amazing Way, Ste 2	13	
		Address	
	Ococe, FL 34761		
		City/State and Zip Code	
	contact@medeirossouza.co		
Car further information	concerning this matter, please c	to be used for future annual report not	erication)
	concerning this matter, piease c		
Rubem Souza		407 326 - 8484 at ()	
Name	of Person	Area Code Daytir	ne 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)
MailingAddre		StreetAddress:	notion
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears o	on our records.)
·	ited Liability Company as it now appears o (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	Liability Company were filed on 02/23.	and assigned
Florida document number L23000085057	 .	
This amendment is submitted to amend the fol	Howing:	
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 design	enstion "LLC" or the abbreviation "LLC"
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new principal offices address, if appli	eable:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STRE	ET ADDRESS)	
Time put office data ess most be notice		
Trincipul Office unia ess in OST DE 71 STRE.		
Trincipal office address in 5.51 DE TOTAL		
•		
Enter new mailing address, if applicable:		· j.
Enter new mailing address, if applicable:		5.5
Enter new mailing address, if applicable:		219 (4
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	91.2° m
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.)	E BOX) registered office address on our reco	91.2° m
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our reco	ords, enter the name of the new reg
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our reco ess here: MEDEIROS SOUZA CORP	ords, enter the name of the new reg
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or the new registered office addre	registered office address on our reco ess here: MEDEIROS SOUZA CORP 1711 Amazing Way, Ste 213	ords, enter the name of the new reg
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our reco ess here: MEDEIROS SOUZA CORP 1711 Amazing Way, Ste 213	ords, enter the name of the new reg
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent:	registered office address on our reco ess here: MEDEIROS SOUZA CORP 1711 Amazing Way, Ste 213	ords, enter the name of the new reg

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

Га:

<u>Title</u>	Name	Address	Type of Action
AMBR	SPOT GLOBAL CORP	13660 CHAUVIN AVE	□Add
		ORLANDO, FL 32827	■Remove
			☐ Change
AMBR	FAAC HOLDING LLC	1711 AMAZING WAY STE 213	= Add
		OCOEE, FL. 34761	□Remove
			☐ Change
			□Add
		 	□Remove
		.	☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗖 Add
			□Remove
			□ Change

To:

D.

The Contract of the Contract o		ber or authorized rep			
Dated Orlando		1/15/2023			
the record specifies a delayed effective cord is filed	e date, but not an c	effective time, at I	2:01 a.m. on the car	lier of: (h) The 90π	i day after the
Note: If the date inserted in this b document's effective date on the D	ock does not meet	the applicable stat	I filing or more than 90 autory filing requirer	days after filing.) Pursi nents, this date will n	ight to 605,0207 (3 iot be fisted as th
Effective date, if other than the (If an effective date is listed, the date must	date of filing: _			(optional)	
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