5/9/24, 3:33 PM

Division of Corporations

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(((H24000169348 3)))



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To:

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

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP

Account Number : 120200000161 Phone : (954)531-1451 Fax Number : (954)697-8677

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DYNAMIC BUILDERS USA LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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MAY 1 3 2024 K. Brumbley

COVER LETTER TO: Registration Section Division of Corporations DYNAMIC BUILDERS USA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(5) are submitted for filing. Please return all correspondence concerning this matter to the following: **PAULO GOMES** Name of Person GOMES INSURANCE AND ACCOUNTING CORP Firm/Company 240 LOCK ROAD Address DEERFIELD BEACH, FL 33442 City/State and Zip Code FLAVIA@GOMESINS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **PAULO GOMES** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & S\$5.00 Filing Fee & S60.00 Filing Fcc. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

DYNAMIC BUILDERS USA LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>03/05/2024</u>	and assigned
Florida document number <u>L24000113078</u>	-	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	11.00 0 10.00	
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of the new registered office address here:	office address on our records, enter the name	
		2024 11.7
Name of New Registered Agent:		=======================================
New Registered Office Address:		
	Enter Florida street address	PH
	, Florida	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered.	Agent:	2

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

05/10/2024 07:42 AM T0:18506176383

TO:18506176383 FROM:9549001217

Page: 7

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
AMBR	MAYARA THAIS DE SOUZA VA	6800 NW 39TH AVE	
		COCONUT CREEK LOT 167, FL 33073	≣Remove
			□Change
			🗀 Add
			GRemove
		□Change	
		🗆 Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			☐ Change
		□Remove	
		<u></u>	Change
			□Add
			□Remove
			☐ Change

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n effective date is listed, the date ma	ne date of filing: (optional) aust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 805.0 block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
ecord specifies a delayed effecti is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
MAY 09	2024
	May and sign
	mayora vag.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00