

8/20/24, 3:44 PM

Division of Corporations

L2400027937254546

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 : 128190000066
Phone : (407)326-8484
Fax Number : (407)604-6519

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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 QUALITY DEVELOPMENT LLC

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Division of Corporations

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K. SALY

AUG 21 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO QUALITY DEVELOPMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) 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
Orlando, FL 32761
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
Name of Person at () 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

FILED
2024 AUG 20 AM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PRO QUALITY DEVELOPMENT 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 06/04/2024 and assigned
Florida document number 124000254546.

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:

6996 Piazza Grande Avenue Ste 216, Orlando, FL 32835

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6996 Piazza Grande Avenue Ste 216, Orlando, FL 32835

(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:

MEDFIROS SOUZA CORP

New Registered Office Address:

1711 Amazing Way, Ste 213

(Enter Florida street address)

Osceola

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.

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>
MGR	Edison Terra Júnior	10702 Reams Rd, Windermere , FL 34786	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL 32301

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

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FBI NEWARK

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 08/20/2024

Signature of a member or authorized representative of a member

Ruben Souza

Typed or printed name of signee

Filing Fee: \$25.00