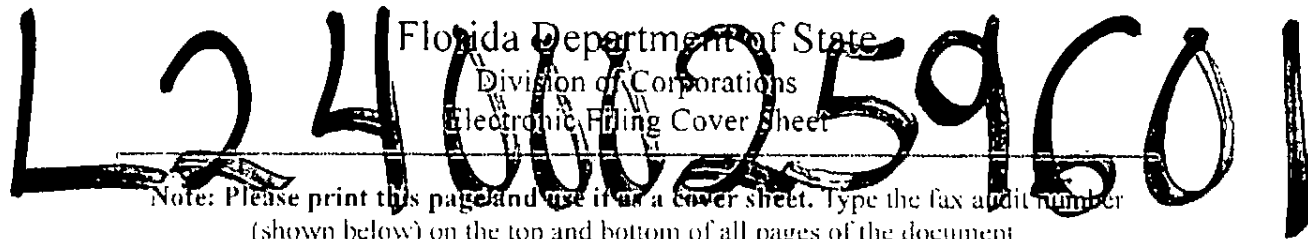


6/14/24, 10:18 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000208069 3)))



H240002080693ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

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

24 JUN 14 PM 12:23

\*\*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  
MOS AEDIFICATOR LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

M. SOLOMON

JUN 14 2024

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Corporate Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOS AEDIFICATOR 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)

24 JUN 14 PM 12:28

RECEIVED  
CORPORATIONS

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**

MOS AEDIFICATOR 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 06/10/2024 and assigned Florida document number 1.24000259601.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

1.  
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         | DC CUSTOM BUILDERS LLC | 1009 TUSCAN HILLS BOULEVARD DAVENPORT. | <input type="checkbox"/> Add               |
|              |                        |  | <input checked="" type="checkbox"/> Remove |
|              |                        |  | <input type="checkbox"/> Change            |
| AMBR         | DC CUSTOM BUILDER LLC  | 1009 TUSCAN HILLS BOULEVARD            | <input checked="" type="checkbox"/> Add    |
|              |                        | DAVENPORT, FL 33897                    | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
|              |                        |  | <input type="checkbox"/> Remove            |
|              |                        |  | <input type="checkbox"/> Change            |
|              |                        |  | <input type="checkbox"/> Add               |
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|              |                        |  | <input type="checkbox"/> Change            |

