6/15/22, 1:19 PM

Division of Corporations

# Florida Denartment of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : YORI FECHMOLOGY, LLC

Account Number : 120200000112

Phone

: (407)832-7240

Fax Number

: (407)612-2313

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

ACCOUNTING @ EXCELTOTALBUSINESS, CUM

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPERT NETWORK SOLUTION II LLC

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### **COVER LETTER**

	tration Section of Corp		
SUBJECT:	EXPERT N	ETWORK SOLUTION II, I	J.C
30b3i.C1		Name of Lim	ited Liability Company
The enclosed A	Anticles of A	mendment and fee(s) are sub	mitted for filing.
Please return a	ll correspon	lence concerning this matter	to the following:
		ANTONIO CARDOSO	
			Name of Person
		EXCEL TOTAL BUSINE	
		44.44	Firm/Company
		7065 WESTPOINTE BLV	D. SUITE#301
			Address
		ORLANDO, FL 32835	
			City/State and Zip Code
		ACCOUNTING@EXCELT	OTALBUSINESS.COM to be used for future annual report notification)
For further info	rnution cor	ncerning this matter, please ca	
ANTONIO CA	ARDOSO		407 351-6656 Ext#102
Name of Person		erson	at () Area Code Daytine: Telephone Number
Enclosed is a c	heck for the	following amount:	
■ \$25.00 Fil	ing Fee	EJ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi. Divis P.O.	ng Address: stration Se sion of Co Box 6327 hassee, FI	rporations	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

EXPERT NETWORK SOLUTION				
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I	.iability Company	were filed on 01/19/2022	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited ligh	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7065 WESTPOINTE BLVD SUITE	J#301	
Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32835		
Zutan manususki a saka saka saka saka saka saka saka		7065 WESTPOINT BLVD SUITE#		
Enter new mailing address, if applicable:		ORLANDO, FL. 32835		
Mailing address MAY BE A POST OFFICE BOX)		ONLANDOLTT, 32033		
<ol> <li>If amending the registered agent and/or igent and/or the new registered office addre</li> </ol>	registered office ( ess here:	address on our records, enter the r	name of the new register	
Name of New Registered Agent:	EXCEL TOTA	L BUSINESS	2 JUN	
New Registered Office Address:	7065 WESTPO	INTE BLVD #301	- 5	
		Enter Florida street address	- 3 60	
	ORLANDO		22025	

### 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

o:

<u>Title</u>	Name	Address	Type of Action
PT	MARIO DIANOVISKY	495 BRICKELL AVE #3802	
		MIAMI, FL 33131	
	,		<b>E</b> Change
VP 	MARK A CRUZ	421 E CENTRAL BLVD #1203	DAdd
		ORLANDO, FL 32891	©Remove
			<b>⊞</b> Change
MGR	IDALECIO ANDRADE	3956 TOWN CENTER BLVD #103	(I)Add
		ORLANDO, FL 32837	□Remove
``			
			□Add
			DRemove
<del></del>			🗀 Add
			□Remove
			□ Change
<del>-</del>			□Add
			EJRemove
			DChange

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Effective date, if other than the out of the date must Note: If the date inserted in this blood document's effective date on the Department.	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3X pock does not meet the applicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the
JUNE 14th,	2022
Dated	,
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee