6/15/23, 4.08 PM

To

Division of Corporations

(shown below) on the top and bottom of all pages of the document.

(((H23000215986 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : I20200000112 Phone : (407)832-7240 Fax Number : (407)612-2313

ವಕ್ಕಾರ್ಗಳ 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 ON TRACK AUTO MALL, INC.

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6/19/2023 7:26:50 AM PAGE 1/001 Fax Server

June 17, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

ON TRACK AUTO MALL, INC. 4544 W COLONIAL DR ORLANDO, FL 32808US

SUBJECT: ON TRACK AUTO MALL, INC.

REF: P09000020701

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The fax cover sheet and documents are for an LLC but your entity is an Inc.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY

Registration Section

FAX Aud. #: H23000215986

Regulatory Specialist II Supervisor Letter Number: 523A00013745

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Registration Section

TO:

#### From: Antonio Cardoso

### **COVER LETTER**

	ence concerning this matter		
The enclosed Articles of Am Please return all corresponde	ence concerning this matter		
Picase return all corresponde	-	to the following:	
	ANTONIO CARRORA		
	ANTONIO CARDOSÓ		
		Name of Person	
	EXCEL TOTAL BUSINES	SS	
		Firm/Company	
	7065 WESTPOINTE BLV		
		Address	<del></del>
	ORLANDO, FL. 32835		
		City/State and Zip Code	
	ACCT@EXCELTOTALBU		
	E-mail address: ()	to be used for future annual report notif	fication)
For further information conc	erning this matter, please ca	nii:	
ANTONIO CARDOSO		407 832-7240	
Name of Pe	rson	Arta Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
<b>≅</b> \$25.00 Filing Fcc [	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	tion	Street Address: Registration Sec	stion
Division of Corp		Division of Corp	
P.O. Box 6327		The Centre of T	
Tallahassee, FL	32314	2415 N. Monroe	e Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	opears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed c	on 03/05/2009 and assigned
Florida document number P09000020701	······································	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability compo	ny here:
be 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 appli	cable:	
Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE	BOX	
5. 11. 45. 4 . 6 . 14. 4 . 4 . 11. 11. 23. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1		<u> Anna an anna an an an an an an an an an a</u>
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
	7065 WESTPOINTE BLVD	#301
Name of New Registered Agent:  New Registered Office Address:	7065 WESTPOINTE BLVD	r Florida street address
	7065 WESTPOINTE BLVD  Enic  ORLANDO	r Florida street address , Florida <sup>32835</sup>
New Registered Office Address:	7065 WESTPOINTE BLVD  Enic  ORLANDO  City	r Florida street address , Florida <sup>32835</sup>
New Registered Office Address:	7065 WESTPOINTE BLVD  Enic  ORLANDO  City	r Florida street address
New Registered Office Address:  New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro	7065 WESTPOINTE BLVD  Enter  ORLANDO  City  Registered Agent:  red agent and agree to act in per and complete performance istered agent as provided for registered office address, Li	r Florida street address  Florida 32835  Zip Code  this capacity. I further agree to comply with the co of my duties, and I am familiar with and r in Chapter 605, F.S. Or, if this document is

# 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 Title Name Address Type of Action MGR Jonathan dos Santos Camara 11919 Gold Creek Trail Windermere, FL 34786 Remove \_ DChange \_ □Add \_\_ DRemove □Change □ Change □Add □Remove □Change  $\square$ Add □Remove ∐Change

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E. Effective date, if other than the da	specific and cannot be prior to date of fil	(optional) ing or more than 90 days after filing.) Pursuant to 605	.0207 (3 Nb)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statuto itment of State's records.	ory filing requirements, this date will not be list	ed as the
If the record specifies a delayed effective de record is filed.	ate, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after	r the
Orlando, 15th June	2023	•	
No. 14 Telephone (Section Control of Control	da	*	
Sto	nature of a member of numerized repres	seniative of a member	
J.,			
	ANTONIO CARDOSO		