

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : YOB1 TECHNOLOGY,LLC
Account Number : I20200000112
Phone : (407)351-6656
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.

Email Address: ACCT@FXCELTOTALBUSINESS.COM

RECEIVED

09/16/23 09:10

FLORIDA
DIVISION OF
CORPORATIONS
STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TECHFLOW ENERGY & CONSULTING, LLC

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2023 SEP 14 AM 10:53

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SEP 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECHFLOW ENERGY & CONSULTING 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:

ANTONIO CARDOSO

Name of Person

EXCEL TOTAL BUSINESS

Firm/Company

7065 WESTPOINTE BLVD STE #301

Address

ORLANDO, FL 32835

City/State and Zip Code

ACCT@EXCELTOTALBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO CARDOSO

407

351-6656 X#102

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

2023 SEP 14 AM 10:53

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TECHFLOW ENERGY & CONSULTING 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 05/26/2020 and assigned
Florida document number L20000142582.

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:

(Principal office address MUST BE A STREET ADDRESS)

9027 CORAL CAPE ST

KISSIMMEE, FL 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9027 CORAL CAPE ST

KISSIMMEE, FL 34747

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:

EXCEL TOTAL BUSINESS

New Registered Office Address:

7065 WESTPOINTE BLVD STE#301

Enter Florida street address

ORLANDO

City

Florida 32835

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FABIO TAVARES SANTOS	9027 CORAL CAPE ST	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA LUIZA O.P.T. SANTOS	9027 CORAL CAPE ST	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

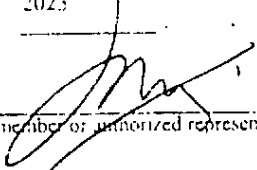
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is for amendments. A large diagonal line is drawn across the space, indicating no changes were made.)

E. Effective date, if other than the date of filing: 09/13/2023 (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, 13TH OF SEPTEMBER 2023



Signature of a member or authorized representative of a member

ANTONIO CARDOSO - REGISTER AGENT

Typed or printed name of signer