

To: +18506173383  
10/26/2021 6:03 PM

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2021-10-26 23:06:09 GMT

+14076122373

From: Antonio Cardoso

Division of Corporations

# Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

**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.

(((H21000398822 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)832-8240  
Fax Number : (407)832-8240

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

Email Address: ACCOUNTING@EXCELTOTALBUSINESS.COM

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DHP SOLUTIONS, LLC

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

FILED

2021 OCT 27 AM 10:45

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 27 AM 6:46

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DHP SOLUTIONS 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:

DARLAN DORES

Name of Person

DHP SOLUTIONS LLC

Firm/Company

962 CRESTWOOD COMMONS AVE

Address

OCOFEE, FL 34761

City/State and Zip Code

ACCOUNTING@EXCELTOTALBUSINESS.COM

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

For further information concerning this matter, please call:

DARLAN DORES

407

947-3200

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

DHP SOLUTIONS 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 10/24/2013 and assigned  
Florida document number L13000150371.

This amendment is submitted to amend the following:

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

BETTA CONTENTS GROUP, LLC

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:

962 CRESTWOOD COMMONS AVE

(Principal office address MUST BE A STREET ADDRESS)

OCOE, FL 34761

Enter new mailing address, if applicable:

962 CRESTWOOD COMMONS AVE

(Mailing address MAY BE A POST OFFICE BOX)

OCOE, FL 34761

**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 SUITE#315

*Enter Florida street address*

ORLANDO

Florida 32835

*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

EXCEL TOTAL BUSINESS

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>
PRES	AMERSON GOMES FAQUINI	962 CRESTWOOD COMMONS AVE	<input checked="" type="checkbox"/> Add
		OCOE, FL 34761	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change <i>Am.</i>
MGRM	DARLAN DORES	1283 ARDEN OAKS DR	<input checked="" type="checkbox"/> Add
		OCOE, FL 34761-8428	<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"/> 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.)**

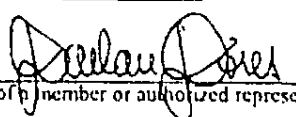
NA

**E. Effective date, if other than the date of filing: 10/22/2021 (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 665.0207 (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 OCTOBER, 25TH, 2021  
Signature of member or authorized representative of a member

DARLAN DORES

Typed or printed name of signee

FILED  
20 OCT 27 AM 10:45  
CLERK OF THE COURT  
JULIA A. ROSS, FID 00107