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| (Requestor's Name) | | |
|---|--------------------|-----------|
| (Address) | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| Division of C | orporations ECNOLOGY, LLC | | • | |
|--------------------------|--|--|--|-------------------|
| SUBJECT: | | ited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | ANTONIO D CARDOSO | | | |
| | YOBI TECNOLOGY, LLC | Name of Person | | |
| | 1283 ARDEN OAKS DRIVE | Firm/Company E | | |
| | OCOEE, FL 34761 | Address | | |
| | TONYC@YOBITECNOLOG | City/State and Zip Code SY.NET to be used for future annual report notifi | cation) | |
| For further information | n concerning this matter, please ca | • | | |
| ANTONIO CARDOS | | 407 832-7240 | TVI TVI | • |
| Nam | e of Person | Area Code Daytime | Telephone Number | ســږ ر |
| Enclosed is a cheek fo | r the following amount: | | | 0 11 |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certificate Copy (additional copy is enclosed) | - |
| MA | ILING ADDRESS: | STREET/COURIE | R ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YOBI TECNOLOGY, LLC | | |
|--|--|---|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our imited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L17000006214</u> | mpany were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| N/A | | |
| he new name must be distinguishable and contain the words "Limite | d Liability Company," the designation | |
| Enter new principal offices address, if applicable: | N/A | |
| Principal office address MUST BE A STREET ADDRE | SS) N/A | |
| | N/A | , 6 |
| Enter new mailing address, if applicable: | N/A | P H |
| Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | N/A | |
| B. If amending the registered agent and/or registeredistered agent and/or the new registered office address Name of New Registered Agent: N/A | | records, <u>enter the name of the r</u> |
| New Registered Office Address: N/A | <u> </u> | |
| | Enter Florida stret | et address |

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.

City

N/A

NA

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> | Name | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| MGR | RUBENS CARDOSO | 1283 ARDEN OAKS DR OCOEE, FL 34761 | Add |
| | | | ■ Remove |
| | N/A | N/A | ☐ Change |
| N/A | ···· | | □ Add |
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| D. If amending any other information, en | • | · | |
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| | 12/18/2018 | | |
| E. Effective date, if other than the date of (If an effective date is listed, the date must be spec Note: If the date inserted in this block doe, document's effective date on the Departme | cific and cannot be prior to date o is not meet the applicable stat | f filing or more than 90 days aft | tional) er filing.) Pursuant to 605.0207 (nis date will not be listed as t |
| f the record specifies a delayed effect b) The 90th day after the record is | | ffective time, at 12:01 | a.m. on the earlier of: |
| Dated | 2018 | | |
| | Day, | | |
| Signatur | re of a member or authorized rep | presentative of a member | |
| ANTONIO D CARDOSO - M | GR | | |
| | Typed or printed name of | of signee | |

Page 3 of 3

Filing Fee: \$25.00