11/5/2023 10:58 PM TO:18506176383 FROM:4079449857)age:

Florida Department of State Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : YOBI 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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOBI TECHNOLOGY, LLC

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COVER LETTER

Division of Cor			
	HNOLOGY, LLC		
SUBJECT:	Name of Lim	acd I tability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nutted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	ANTONIO CARDOSO		
		Name of Person	
	EXCEL TOTAL BUSINE		
		Firmst company	
	7575 KINGSPOINTE PAR		
		Address	
	ORLANDO, FL 32819		
		City. State and Zip Code	
	ACCT@EXCELTOTAL BU	ISINESS COM to be used for future annual report not	thestage
For further information c	oncerning this matter, please of		
ANTONIO CARDOSO		407 351-6656 X	
Name o	l Person	Area Code Dayton	ne Telephone Number
Enclosed is a check for the	he following amount.		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	13 \$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		Street Address: Registration So	ection
Registration : Division of C		Division of Co	prporations
P.O. Box 632		The Centre of 2.115 N. Monre	Tallahassee oe Street, Suite 810
Tallahassee.	とし 52544	Z4TO W. MIODIO	oc anect, anne 810

Tallahassee, FL 32303

Jage: 4 11/5/2023 10:58 PM TO:18506176383 FROM:4079449857

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOBI TECHNOLOGY, ELC	ibility Company as it now appe	ars on our records.	T-Sk p-Sk-state state (
ı VIII	orida Limited Liability Company		
The Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{0}{2}$	1/09/2017	and assigned
Florida document number 1.17000006214			
This amendment is submitted to amend the following	2:		
A. If amending name, enter the new name of the	limited liability company l	here:	
The new name must be distinguishable and contain the words "	Linuted Liability Company," the	designation "LLC" or the abbres	ration "L.L.S."
Enter new principal offices address, if applicable:	7575 KINGSF	OINTE PARKWAY, STE#2	
(Principal office address MUST BE A STREET AD		32814	
			<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:		POINTE PARKWAY, STE#2	
(Mailing address MAY BE A POST OFFICE BOX	ORLANDO, I	FL 32819	
B. If amending the registered agent and/or registagent and/or the new registered office address here. Name of New Registered Agent:		records, enter the name o	f the new regi
	and the state of t		
New Registered Office Address:	7575 KINGSPOINTE PARKWAY STE#2 Enter Florida street addices		
(A)	RLANDO	191 1 1 2 1 1 7	

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, Agnature of New Registered Agent

lage: 5 11/5/2023 10:58 PM TO:18506176383 FROM:4079449857

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
\			□Remove
			□Add
			□Remove
			[](Thange
			DAdd
			□Remove
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Effective date, if other than the date of fil	11 01/2023 ing: (optional)
if in affective date is listed, the date must be specific.	and cannot be peror to date of filing or more than 90 days after filing.) Pursuant to 505,0207
Note: If the date inserted in this block does no	it meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department of	a State Niccords
	and the second s
	not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day after the
rd is filed.	
Orlando, 5th of November	a member or authorized epicsostative of a member
Dated	
	$/ h_{\Lambda} / \cdot$

Filing Fee: \$25.00

Typed or printed name of signee