Florida Department of State Division of Comprations

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H230003273803ABC

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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

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변호Gannual report mailings. Enter only one email address please.**

**Effigr the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

COLARES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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SEP 19 2023

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TO:18506176383 FROM:4079449857

COVER LETTER

TO: Registration Se Division of Cor			
COLARES	S, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	matted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTONIO CARDOSO		
		Name of Person	
	EXCEL TOTAL BUSINE		
		From Company	
	7065 WESTPOINTE BLV		
		Address	
	ORLANDO, FL 32835		
	ACCITATION ALDI	City/State and Zip Code	
	ACCT@EXCELTOTALBU E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
ANTONIO CARDOSO		407 351-6656 X#102	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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		Street Address:	tion
Registration Section		Registration Section	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any ay it now appears on our records.) Liability Company)	
y were filed on 09/05/2018	and assigned
othly Company," the designation "LLC" or the	abbreviation "L.L.C."
2027 Resurrection Fern Ave	50.
Ococe, FL 34761	
	· · · · · · · · · · · · · · · · · · ·
	.3
	Zip Code
	2027 Resurrection Fern Ave Ococe, FL 34761 address on our records, enter the n

New Registered Agent's Signature, if changing Registered Agent:

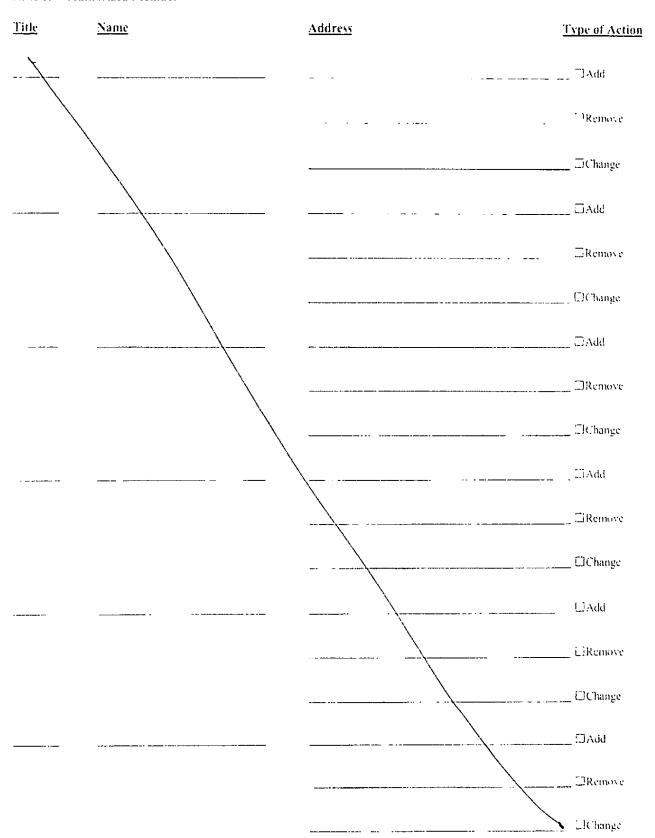
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

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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



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D. If amending any other information, enter change(s) here: tAttach additional sheets, it necessary, i
E. Effective date, if other than the date of filing: (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)th 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 filled,
Dated ORLANDO, SEPTEMBER 15TH 2023
Signature of a member or nathog cel representative of a member
ANTONIO CARDONO - REGISTER AGENT

Typed or printed name of signee