Florida Department of State Division of Conduction Electronic Filing Con

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : 120200000112 Phone : (407)832-7240

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: ACCOUNTING @ EXCELTOTAL BUSINESS OF

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXO SOLUTIONS AND INNOVATIONS LLC**

Certificate of Status	0
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Page Count	06
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Help

COVER LETTER

TO: Registration Sec Division of Corp			
	CIONS AND INNOVATIONS,	LLC	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	smendment and fee(s) are subm	uitted for filing.	
Please return all correspon	idence concerning this matter to	the following:	
	ANTONIO CARDOSO		
		Name of Person	
	EXCEL TOTAL BUSINES	S	
		Firm/Company	
	7065 WESTPOINTE BLVI	O, STE#301	
		Address	
	ORLANDO, FL. 32835		
		City/State and Zip Code	
	ACCOUNTING@EXCELT		(Heater)
		o be used for future annual report no	meaning
	oncerning this matter, please ca		
ANTONIO CARDOSO		407 832-7240 et ()	The North
Name o	f Person	Area Code Dayti	me 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)
Malling Addre Registration		Street Address: Registration S	Section
Division of 0	Corporations	Division of C The Centre of	
P.O. Box 63 Tallahassec,			roe Street, Suite 810
i allanassec,		70 H 1 1	rr 1111

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXO SOLUTIONS AND INNOVATIONS,	LI.C				-,
(Name of the Limited Liabil) (A Florid	ity Compan # Limited Li	y as it now agor ability Company)	ars on our rec	oras.)	
The Articles of Organization for this Limited Liability Corida document number L200000021265	Company v	were filed on $\frac{0}{2}$	1/14/2020		_ and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liabi	lity company	<u>here</u> :		
The new name must be distinguishable and contain the words "Lin	mited Liabili	ity Company," the	e designation "	L.LC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		1815 E Broad		€/) 1[]]	2022
Principal office address MUST BE A STREET ADD	RESS)	Oviedo, FL	32765	<u> </u>	SEP TO
				TARY OF All ASSE	F I
Enter new mailing address, if applicable:			<u></u>	70.07	<u>ë</u> 0
(Mailing address MAY BE A POST OFFICE BOX)				——————————————————————————————————————	08
B. If amending the registered agent and/or register agent and/or the new registered office address here	<u>E</u> i		r records, <u>e</u>	nter the name	of the new regi
Name of New Registered Agent:	EXCEL TOTAL BUSINESS				
New Registered Office Address: 7065 Westpointe Bl) l Florida street	address	
Orl	ando	, rper		, Florida <u>³²⁸</u>	335
"-		Cin	······································		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

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>	Address	Type of Action
MGR	Daniela Oltramari Ribeiro	5333 Lemon Twist LN	□Add
		Windermere, FL 34786	≅Remove
			☐ Change
			□Add
			Remove
			Change
			[]Remove
			☐ Change
-			Remove
			Change
		_	□Add
			Change
			□Add
			Remove
			Change

				
				-
		<u> </u>		
		<u>\</u>		
	09/12/2022		(optiona	I)
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 Department.	ittle and cannot be prior to is not meet the applica	o date of filing or more ble statutory filing re	than 90 days offer filis	to 1 Pursuant to 605.020
				The Both day often the
e record specifies a delayed effective date, but is filed.	but not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the

Filing Fee: \$25.00

Typed or printed name of signee

MAURO REIS RIBEIRO