Elegitonic Filing Cover

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.

(((H24000216955 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : I20200000112

: (407)351-6656

Fax Number

: (407)612-2313

T=*Enter the email address for this business entity to be used for future Samual report mailings. Enter only one email address please. **

Zemail Address: KUT @ EXCELTITAL BUSINESS. COM

EEC AMND/RESTATE/CORRECT OR M/MG RESIGN ROMILA LLC

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

K. SALY

JUN 25 2024

Electronic Filing Menu

Corporate Filing Menu

Help

صالص

3 06/24/2024 Page: 11:51 AM TO:18506176383 FROM:4079449857

COVER LETTER

TO:	Registration S Division of Co	Section orporations		
SHRIL	ROMILA	LLC		
30031			nited Liability Company	The state of the s
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		ANTONIO CARDOSO		
			Name of Person	
		EXCEL TOTAL BUSINE	****	
ifn			Firm/Company	
.		7575 KINGSPOINTE PK	WY SUITE#2	
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	
		ACCT@EXCELTOTALBU		
	1	E-mail address, (to be used for future annual report noti-	(cation)
For furt	her information o	concerning this matter, please co	all:	
ANTO	NIO CARDOSO		407 351-6656 X#	102
	Name o	f Person	at (at Code Daytime	: Telephone Number
Enclose	d is a check for t	he following amount:		
₩ \$25	.00 Filing Fee	S30.00 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

Page: 4 06/24/2024

 $\epsilon_{\rm E!}$

180

Ţĸ

11:51 AM

TO:18506176383 FROM:4079449857

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION **OF**

F	TLED
T' UUN.	1
TALLAHASS.	AH 4: 29
	Topio,

	•			ALLABIMAN
	ROMILA, LLC			Ur records.)
	(Name of the Lit	nited Liability Comp	any as it now appears on o Liability Company)	ur records.)
1.	. *1			
he A	rticles of Organization for this Limited	Liability Company	were filed on $\frac{02/08/20}{}$	21 and assigned
lorid	a document number L21000066032	- -		
his a	mendment is submitted to amend the fo	llowing:		
If	amending name, enter the new name	of the limited list	ollity company here:	
he nev	v name must be distinguishable and contain the	words "Limited Links	Him Company Wike Assistant	in MI CO
•	new principal offices address, if appl		7575 KINGSPOINTE	
<u>rinc</u>	ipal office address MUST BE A STRE	ET ADDRESS)	ORLANDO, FL 3281	19
Ŀ.				
	new mailing address, if applicable:		7575 KINGPOINTE P	KWY, STE#2
<u>faili</u>	ng address MAY BE A POST OFFICI	CE BOX) ORLANDO, FL 32819		9
,	9			
. If a	imending the registered agent and/or	registered office a	address on our records	, enter the name of the new register
<u>ent</u>	and/or the new registered office addr	ess here:		
	Name of New Registered Agent:	EXCEL TOTA	L BUSINESS	
	New Registered Office Address:	7575 KINGSPOINTE PKWY SUITE#2		2
1**	!		Enter Florida stre	et address
		ORLANDO		, Florida 32819
•				

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

Page: 5 06/24/2024 11:51 AM 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
.AMBR	Camila da Costa Jakubovie	924 Emerald Green Ct	
···		Kissimmee, FL 34746	
			□Change
AMBR	Rodrigo Queiroz Romero Costa	7575 Kingspointe Pkwy Ste#2	□Add
		Orlando, FL 32819	□Remove
;			■ Change
<u>-</u>			
i,u.			□Remove
- <i>-</i>			□ Change
		\	Add =
c)			Telegrape :
			DAdd
r = Hjast	e;		□Remove
4.			□Change
1 t			DAdd
			□Remove
			☐ Change

Page: 6 06/24/2024 11:51 AM TO:18506176383 FROM:4079449857

N.	N/A .		
ľ			
-			
-			200A JUN 24
-			- ET. G
-			£3. 22
-			SSCC FLOND
_			7. F
_		<u> </u>	
-			
-	it'.		
_			
_			
_			
_			
_			·
	from district 1 and 1 an		
reite	fective date is listed, the date must be specific and cannot be pro-	(optional) to date of filing or more than 90 days after filing.)	Purspant to 60\$ 0207 (3 VI)
<u></u> .	ent's effective date on the Department of State's records	ble statutory filing requirements, this date v	will not be listed as the
	. pm		
	d specifies a delayed effective date, but not an effective ti	nc, at 12:01 a.m. on the earlier of: (b) The	90th day after the
cord s file			
cord s file			
	Orlando, 22nd of June 2024	L .	
	Orlando, 22nd of June 2024	Mus.	
	//	The representative of a member	····

Filing Fee: \$25.00