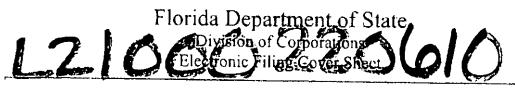
Division of Corporations



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Fax Number

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From:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : I20200000112 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 @ PXCEL TOTAL BUSINESS. COM.

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TO:

, Page, 3 of 6

COVER LETTER

SUBJECT					
oonsee (Name of Lin	nited Liability Compa	nny	
The enclos	ed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Division of Corporations SUBJECT: The PALL SERVICES, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO CARDOSO Name of Person EXCEL TOTAL RUSINESS Firm/Company 7065 WESTPOINTE BLVD SUITE#301 Address ORLANDO, FL 32835 Cay/State and Zip Code ACCOUNTING@EXCELTOTALBUSINESS.COM F-trail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO CARDOSO Area Code Area Code Daystime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S25.00 Filing Fee} & \text{S50.00 Filing Fee} & \text{Certified Copy} \\ Certificate of Status & Certified Copy \\ (additional copy is enclosed) Malling Address: Street Address:					
		ANTONIO CARDOSO			
			Name of Pers	on	
	T&PALL SERVICES, LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: ANTONIO CARDOSO Name of Person EXCEL TOTAL BUSINESS Firm/Company 7065 WESTPOINTE BLVD SUITE/301 Address ORLANDO, FL. 32835 City/State and Zip Code ACCOUNTING@EXCELTOTALBUSINESS.COM F-mail address: (to be used for future annual report notification) er information concerning this matter, please call: OCARDOSO Name of Person 407 Area Code Daytime Telephone Number is a check for the following amount: OF Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)				
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ANTONIO	CARDOSO		• •		
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	_	Section	Re	gistration Sec	tion

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14076122313

T&P ALL SERVICES, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now uppears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number 121000220610	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	117 E KALEY ST
Principal office address MUST BE A STREET ADDRESS	ORLANDO, FL 32806
Enter new mailing address, if applicable:	117 E KALEY ST
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32806
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address: N/A	Enter Florida street address Florida City Zin Code
lew Registered Agent's Signature, if changing Registered Agent:	% ∓ ≈
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Signature of New Registered Agent

Page: 5 of 6 2022-08-07 04:15.24 GMT 14076122313 From: Antonio Ca If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	<u>Name</u>	Address	i	Type of Action
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Page: 6 of 6

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	08:06/2022	
Effective date, if other than the date is an effective date is listed, the date must be a Note: If the date inserted in this block a document's effective date on the Depart	e of filling:	uant to 605.0207 (not be listed as ti
e record specifies a delayed effective dat rd is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after the
Dated AUGUST 06TH	2022	
	Thu The second s	
Signa	ature of a member or authorized representative of a member	

Typed or printed name of signee

THALITA RIBEIRO DANIEL