

7/4/23, 6:16 PM

Division of Corporations

**L21000245542**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

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: ACCT@EXCELTOTBLBUSINESS.COM

2023 JUL -7 16:18:00

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2023 JUL -7 PH 1:31

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**AMPG.GROUP.LLC**

Certificate of Status	0
Certified Copy	0
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S. ROBERTS

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Help JUL 10 2023

850-617-6381

7/6/2023 1:32:01 PM PAGE 1/001 Fax Server



July 6, 2023

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsAMPG GROUP LLC  
2105 BRIDGEWOOD DR  
BOCA RATON, FL 33434SUBJECT: AMPG GROUP LLC  
REF: L21000245542

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Principal Address and Registered Agent are not readable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Operations Manager AFAX Aud. #: H23000235298  
Letter Number: 723A00015018

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: AMPG GROUP, 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 BUSINESS

Firm/Company

7065 WESTPOINTE BLVD STE#301

Address

ORLANDO, FL 32835

City/State and Zip Code

ACCT@EXCELTOTALBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO CARDOSO

407

351-6656 x#102

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMPG GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/26/2021 and assigned  
Florida document number L21000245542

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7065 WESTPOINTE BLVD STE#207

(Principal office address **MUST BE A STREET ADDRESS**)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EXCEL TOTAL BUSINESS

New Registered Office Address:

70656 WESTPOINTE BLVD STE#301

Enter Florida street address

ORLANDO

City

Florida 32835

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>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 07/04/2023 (optional)

*(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)(b)*

**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 filed.

Dated ORLANDO, JULY 06TH, 2023

  
Signature of a member or authorized representative of a member

ANTONIO CARDOSO - REGISTER AGENT

Typed or printed name of signee

Filing Fee: \$25.00