

**L21000315271**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H24000323331 3))



H240003233313ABCV

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 : I2020000112  
Phone : (407)351-6656  
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: ACT@EXCELTOTALBUSINESS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BD'S AC FRESH AIR CLEAN DUCTS LLC

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

2024 SEP 24 AM 11:30

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEE SUX

SEP 23 2024

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BD'S AC FRESH AIR CLEAN DUCTS 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  
7575 KINGSPONTE PKWY STE#2  
Address  
ORLANDO, FL 32819  
City/State and Zip Code  
ACCT@EXCEL.TOTALBUSINESS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO CARDOSO at (407) 832-7240  
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

BD'S AC FRESH CLEAN DUCTS 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 07/05/2021 and assigned Florida document number L21000315271.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

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:

7575 Kingspointe Pkwy Suite#2

Enter Florida street address

Orlando

City

Florida

32819

Zip Code

2024 SEP 24 11:30  
FILED

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>                      |
|--------------|----------------------|----------------------|--|
| MGR          | Luiz A. Bringa       | 7629 Marietta Street | <input type="checkbox"/> Add               |
|              |                      | Orlando, FL 32807    | <input type="checkbox"/> Remove            |
|              |                      |                      | <input checked="" type="checkbox"/> Change |
| MGR          | Elena Rosales Suarez | 7629 Marietta Street | <input type="checkbox"/> Add               |
|              |                      | Orlando, FL 32807    | <input checked="" type="checkbox"/> Remove |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Lined area for amending information, crossed out with a large diagonal line.

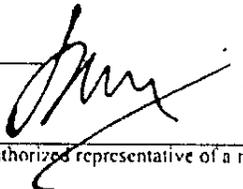
E. Effective date, if other than the date of filing: 09/20/2024 (optional)

(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, September 20th, 2024



Signature of a member or authorized representative of a member

ANTONIO CARDOSO - Register Agent

Typed or printed name of signer