Division of Corporations **Electronic Filing Cover Sheet**

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(((H210003815013)))



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To:

Division of Corporations

Fax Number : (850)517-6383

Fram:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : 120200000112 Phone : (407)832-4240 : (407)832-77240 Fax Number

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

Email Address: ACCOUNTINE @ EXECUTOTAL BUSINESS. COF

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN X-PAY INNOVATION PAYMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 1 4 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

Tallahassee, FL 32314

COVER LETTER

Division of Corp	orations		
X-PAY INN	OVATION PAYMENT, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of /	Amendment and fee(s) are subn	nitted for filling.	
Please return all correspor	idence concerning this matter to	o the following.	
	MARCELO BORGES DA		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	X-PAY INNOVATION PA		
		Firm-Company	,
	7065 WESTPOINTE BLV	D. SUITE #301	
		Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	**
	M.BORGES@X-PAY.APP		
	E-mail address: (o be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
MARCELO BORGES D	DA SILVA	4()7 914-1243	
Name o	f Person	4()7 914-1243 at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u> </u>	Street Address:	
Registration	Section	Registration So	
Division of C P.O. Box 63	•	Division of Co The Centre of	
P.O. Box 65 Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

X-PAY INNOVATION PAYMENT, LLC		て で 発音	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our regords.) hability Company)	る。	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000434859	were filed on 10:04/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
X-PAY INNOVATION SOLUTIONS, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or the ab	previation "L.L.C."	
Enter new principal offices address, if applicable:	7065 WESTPOINTE BLVD, SUITE #3	01	
(Principal office address MUST BE A STREET ADDRESS)	(S) ORLANDO, FL 32835		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7065 WESTPOINTE BLVD, SUITE #3 ORLANDO, FL 32835	(11	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ie of the new registered	
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter Flowida street uddress		
	, Florida		
	Cir;	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
			□Remove
			□ □ □ □ Change
			□Add
			□Change
			hi∧C
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			[] Change
<u> </u>			□Add
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Page 6 of 6

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