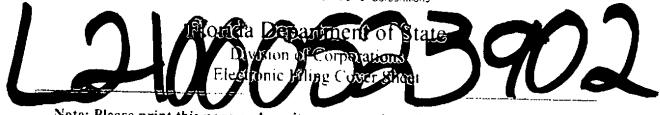
Division of Corporations



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.

(((H23000264510 3)))



H230002645103ABTX

Note: DO NOT hit the REFRESH RFLOAD 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)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@EXCELTOTAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JJRR JUNK CAR LLC

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

T. LEMIEUX

Electronic Filing Menu — Corporate Filing Menu

HelpAUG - 1 2023

:

COVER LETTER

| TO: | Registration S Division of Co. | | | |
|----------------|---|---|---|--|
| SUBJE | | K CAR LLC | | |
| COURT () | | Name of Limit | ted Fiability Company | |
| The enc. | losed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| | | ondence concerning this matter to | | |
| | | ANTONIO CARDOSQ | | |
| | | | Name of Person | |
| | | EXCEL TOTAL BUSINES | s | |
| | | | Firm Company | |
| | | 7065 WESTPOINTE BLVE | 0, S11 #301 | |
| | | | Address | |
| | | ORLANDO, FL 32835 | | |
| | | | City State and Zip Code | |
| | | ACCT@EXCELTOTALBUS | | |
| | | | be used for future annual report not | (thealton) |
| For furth | ner information c | oncerning this matter, please cul- | l | |
| ANTON | IIO CARDOSO | | 407 351-6656 X | |
| | Name o | f Person | Area Code Davim | ne Telephone Number |
| Enclosed | I is a check for th | ne following amount: | | |
| ≅ \$25. | .00 Filing Fee | S30.00 Fiting Fee & Certificate of Status | \$55,000 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I | Section orporations 7 | Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, Fl | rporations Fallahassee be Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JJRR JUNK CAR LLC | | |
|---|--|--|
| (Name of the Limited Liability Cur (A Florida Loris | nouns as it non appears on led Jability Company i | per records.) |
| The Articles of Organization for this Limited Liability Comparing Horida document number L21000523902 | any were filed on 32:13 | 2021 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited is The new name must be distinguishable and contain the words "I muest I is | lability company here: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | ation LLC of the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NA | 2723 |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | - | (.) . |
| Name of New Registered Agent: | NA_ | 5 - D 22 2 |
| New Registered Office Address: | Enter Honda si | reet address |
| | - · | , Florida |

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 to: 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

To:

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|---|----------------|
| MGR | ANTONIO CARDOSO | ************************************** | □Add |
| | | ORLANDO, FL 32835 | Remove |
| | | ·· | II Change |
| | | | □Add |
| | | ···· · | ElRemovo |
| | | ·· <u>·</u> ································· | UChange |
| · | | | |
| | | | |
| | | | |
| | | - \ | 🗆 🗆 🗆 🗆 |
| | | | □Remove |
| | | | UlChange |
| | | | |
| | | - \ | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |

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

| | <u> </u> |
|---------------|--|
| | and the same of th |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| , | * ************************************* |

| Ľ | Missouring data is not an about the data care. 07 15 2023 | |
|-----|---|--|
| Г., | Effective date, if other than the date of filing: | (optional) |
| | ill 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 applical | ble 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 (i) a.m. on the earlier of: (b). The 90th day after the record is filed.

| ORLANDO, JULY 29TH | 2023 | |
|--------------------|---|-----|
| | my. | |
| Signati | tire of a member or authorized representative of a member | |
| | ANTONIO CARIXISO - Register Agent | |
| | Typed or printed name of signee | ··· |