3/9/22, 1:59 PM

From: Antonio Cardoso

Division of Corporations



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(((H22000089671 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHCH FOOD GROUP LLC

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TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Cor	porations		·
PHCH FOO	ንD GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANTONIO CARDOSO		
		Name of Person	
	EXCEL TOTAL BUSINE	SS	
		Firm/Company	
	7065 WESTPOINTE BLV		
		Address	
	ORLANDO, FL. 32835		
		City/State and Zip Code	
	ACCOUNTING@EXCELT		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
ANTONIO CARDOSO		407 832-7240	
Name o	f Person	at ()	c Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filmg Fee		☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.
Mailing Addres	Section	<u>Street Address:</u> Registration Sco	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHCH FOOF GROUP, LLC					
(Name of the Lim	(A Florida Linuted	any as it now appears on our record Liability Company)	<u>ds.</u> }		
The Articles of Organization for this Limited Florida document number 122000025300	Liability Company	were filed on 01/11/2022	2	ınd assig	ned
This amendment is submitted to amend the fol	flowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	thry Company," the designation "LLC	or the abbrevia	tion "L.L.(
Enter new principal offices address, if appli	icable:	111111111111111111111111111111111111111			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <u>BOX)</u>	5333 LEMON TWIST LN WINDERMERE, FL 34786	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our records, <u>enter</u>	the name of t	he nev2022 HAR	
Name of New Registered Agent:	EXCEL TOTA	IL BUSINESS	2	AR -	 .
New Registered Office Address:	7065 WESTPO	DINTE BLVD #301	<u> </u>	9	
		Emer Florida street addre		3	ر م ج د
	ORLANDO	FI	orida <u>32835</u>	9-	
		City	. " '//	Strile	

New Registered Agent's Signature, if changing Registered Agent:

Page: 4 of 6

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 695, 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

To: -18506176383

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>	Name	Address	Type of Action
MBR	Pedro Henrique da Silva Aschar	15771 S Apopka Vineland Rd Unit #1	Dadd
		Orlando, FL 32821	■Remove
			□Change
MBR	Hariane R Reis Santiago	15771 S Apopka Vineland Rd Unit #1	□Add
		Orlando, FL 32821	
			□Change
MGR Daniela Oltramari Ribeiro	5333 Lemon Twist LN	■Add	
	Windermere, FL 34786	□Remove	
		□Change	
AGR	Mauro Reis Ribeiro	5333 Lemon Twist-LN	≣ ∧dd
		Windermere, FL 34786	□Remove
			☐ Change
			🗆 Add
			Remove
			□Remove

Page: 6 of 6

MAURO REIS RIBEÍRO.

	mation, enter change(s) here: (Attach additional sheats, if necessary)
N/A 	
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than t	he date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
ne record specifies a delayed effec	trive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated	2022
	Jana Bris
/M	Signature of A member of suburiest representative of a psymbol

Typed or printed name of signee