## K22000141061

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100389911201

06/27/22--01023--023 \*\*25.00

ALCOHASSES

022 JUN 27 AM 9: 18

## **COVER LETTER**

ection eporations		
ms, LLC		
Name of Lim	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
Fitzroy Farquharson, PhD		
<del></del>	Name of Person	
Yolo Systems, LLC		
	Firm/Company	<del></del>
3956 Town Center Blvd., s	ste 515	
	Address	
Orlando, FL 32827		
	City/State and Zip Code	
·	to be used for future annual report r	notification)
oncerning this matter, please c	all:	
	407 341-2599	
Name of Person		time Telephone Number
ne following amount:		
☐ \$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)
	<u>Street Address:</u> Registration (	
orporations	Division of C	Corporations
	Amendment and fee(s) are sub- ondence concerning this matter  Fitzroy Farquharson, PhD  Yolo Systems, LLC  3956 Town Center Blvd., s  Orlando, FL 32827  emathready@gmail.com  E-mail address: ( oncerning this matter, please c  f Person  ne following amount:  □ \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Fitzroy Farqubarson. PhD  Name of Person  Yolo Systems, LLC  Firm/Company  3956 Town Center Blvd., ste 515  Address  Orlando. Fl. 32827  City/State and Zip Code emathready@gmail.com  E-mail address: (to be used for future annual report roncerning this matter, please call:  1 407  Area Code  Tertificate of Status  Certified Copy (additional copy is enclosed)  SEE  Section  Registration: Orporations  Street Address:  Registration: Division of Company  Amendment and fee(s) are submitted for filling Fee & Certified Copy (additional copy is enclosed)

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUH 27 AH 9: 18

Yolo Systems, 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	y were filed on 03/22/2022	IALLAHAS Francisco
Florida document number <u>L22000141061</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del>.</del>	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	rida 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 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
SPM 	Puitharai, Singaram	Nirmal Complex, No. 5, First Floor, 21-A	
		Kodambakkam, Chennai, TN 600 0-24 IN	■Remove
			□ Change
SPM	Punitharaj, Singaram	Nirmal Complex, No. 5. First Floor, 21-A	■Add
		Kodambakkam, Chennai, TN 600 0-24 IN	□Remove
			□Change
MGR	Fqrquharson, Fitzroy	7010 Lake Nona Blvd., #248	
		Orlando, FL 32827	
			□Change
MGR	Farquharson, Fitzroy	7010 Lake Nona Blvd., #248	■Add
		Orlando, FL 32827	
			□Change
			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change

	_								
			-	<u> </u>					
			-				<u></u>		_
		<u> </u>						<u>.</u>	_
	-							_	_
							TA:	2022 .	
	<del></del> -	<u> </u>					<u> </u>	S N	
	<del></del> -	<u> </u>					<u>事</u> 2	27	
<del>.</del>						<u></u>	13.1 13.1	<u>₩</u> 9:	
			<del></del> .					<del></del>	
	<u></u>								
ffective date.	if other than (	the date of filir must be specific an	ig:	and and a profition	than ()	(optio	nal)	rcuant ta	605 0200
lote: If the date	inserted in this	must be specific and block does not be Department of	meet the appl	icable statutory	filing require	nents, this	date will	not be	listed as
record specifies	s a delayed effec	rtive date, but no	t an effective	time, at 12:01:	a.m. on the ca	dier of: (b)	The 90	)th day a	ifter the
~	June	- <del>0</del>	. 202	_2					
ated	11+	<u> </u>		/					

Typed or printed name of signee