

## Florida Department of State

**L22000397256**  
 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.**

((H22000326482 3)))



H220003264823ABC\$

**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 : 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: ACCOUNTING@EXCEL TOTAL BUSINESS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MEDANHA ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 Sep 21 11:00 21

2022 SEP 21 PM 4:11  
 SECRETARY OF STATE  
 MAIL ROOM  
 APPROVED  
 AND  
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 22 2022  
 K. Brumby

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDANHA ENTERPRISES, 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

EXCELTOTAL BUSINESS

\_\_\_\_\_  
Firm/Company

7025 WESTPOINTE BLVD STE#301

\_\_\_\_\_  
Address

ORLANDO, FL 32835

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING@EXCELTOTALBUSINESS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO CARDOSO

407

351-6656

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

MEDANHA ENTERPRISES, 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 09/06/2022 and assigned  
Florida document number L22000397256.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MEDANHA ENTERPRISES, LLC

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

SAME

New Registered Office Address:

SAME

Enter Florida street address

City

Florida

Zip Code

APPROVED  
AND  
FILED  
2022 SEP 21 PM 4:11  
CLERK OF DISTRICT COURT  
TALLAHASSEE, 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 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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

