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To:

Division of Corporations

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: (850)617-6383

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Account Name : YOBI TECHNOLOGY, LLC

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Registration Section

To:

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COVER LETTER

Division of Corporations					
ESTMENT GROUP LLC					
Name of Lim	ited Liability Company	1,41			
ranic of Bill	ned Classiffy Company				
Amendment and fee(s) are sub	mitted for filing.				
idence concerning this matter	to the following:				
ANTONIO CARDOSO					
Name of Person					
EXCEL TOTAL BUSINES	SS				
	Firm/Company				
	Address				
ORLANDO, FL 32835					
	City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,			
-					
E-mail address: ()	to be used for future annual report not	ification)			
incerning this matter, please ca	alt:				
	407 351-6656 E	XT 102			
Name of Person		ne Telephone Number			
e following amount:					
S30 00 Filing Fee &	[1] \$55 00 Filing Fee &	S60.00 Filing Fee,			
Centificate of Status	Certified Copy	Certificate of Status &			
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810			
	Amendment and fee(s) are subsidence concerning this matter ANTONIO CARDOSO EXCEL TOTAL BUSINES 7065 WESTPOINTE BLV ORLANDO, FL 32835 ACCOUNTING@EXCELT E-mail address: (oncerning this matter, please exceptions) Person e following amount: S30.00 Filing Fee & Centificate of Status	Name of Limited Liability Company Amendment and fee(s) are submitted for filing, adence concerning this matter to the following: ANTONIO CARDOSO Name of Person EXCEL TOTAL BUSINESS Firm/Company 7065 WESTPOINTE BLVD #301 Address ORLANDO, FL 32835 City/State and Zip Code ACCOUNTING@EXCELTOTAL BUSINESS.COM Te-mail address: (to be used for future annual report not encerning this matter, please call: 1 407 351-6656 E Person Area Code Daytin te following amount: S30.00 Filing Fee & CJ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) SE Street Address: ection Registration Scorporations Original Control of Control o			

Tallahassee, FL 32303

START INVESTMENT GROUP LLC

To:

ARTICLES OF AMENDMENT TO: ARTICLES OF ORGANIZATION OF

(Name of the Lim)	ted Liability Compa (A Florida Limited)	ny as II now appe Liability Company)	ars on our records.)			
The Articles of Organization for this Limited L Florida document number 1.22000534528	iability Company	were filed on $\frac{1}{2}$	2/22/2022	i	and assign	ned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company l	<u>iere</u> :			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the	designation "LLC" o	t the abbrevia	ntion "L.L.C	
Enter new principal offices address, if applicable:		7065 Westpointe Blvd Suite#207				
(Principal office address MUST BE A STREE	ET ADDRESS)	Orlando, FL	32835			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	7065 Westpoir Orlando, FL	nte Blvd Suite#207 32835			
B. If amending the registered agent and/or agent and/or the new registered office addressed		address on our	records, enter th	e name of (the new r	registere
Name of New Registered Agent:	EXCEL TOTA	L BUSINESS		````.	2023	
New Registered Office Address:	7065 Westpointe Blvd Suite#301		H		ر ر ر	
House game to various variations.		Enter Fl	orida street address	•	~J	
	Orlando		Flori	da 32835	70 (T	
		City		Zi, Zi	p Code	
New Registered Agent's Signature, if changing	Registered Agent:			1	40	

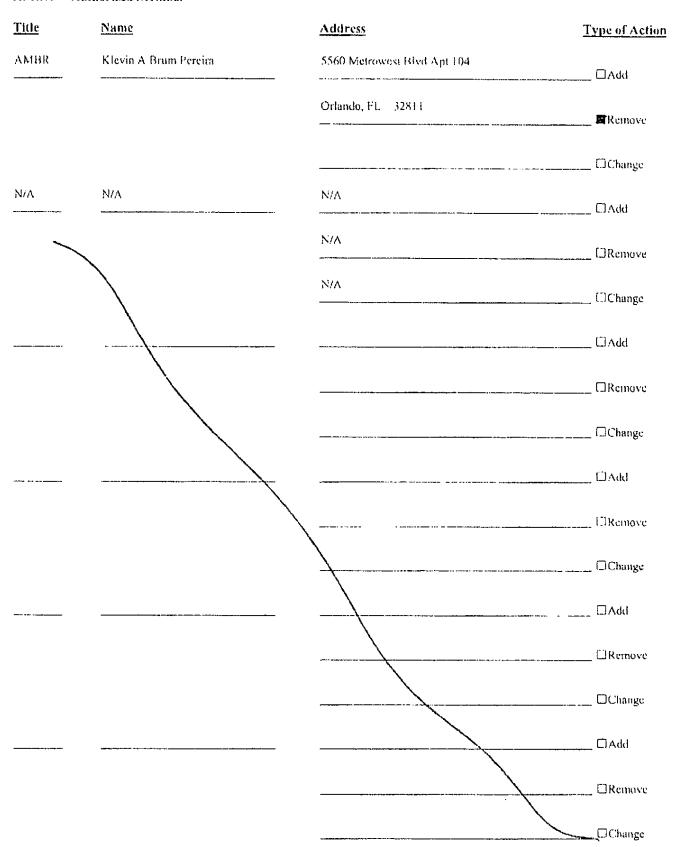
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

To:



D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	/A
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april Al	
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E Effectiv	e date, if other than the date of filing:
(If an offe	rive 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: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the at's effective date on the Department of State's records.
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
,	
Dated _	ORLANDO, APRIL 14TH 2023
	ma
	Signature of a member or authorized representative of a member

Typed or printed name of signee

ANTONIO CARDOSO