

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000022483**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : YOSHI TECHNOLOGY,LLC  
Account Number : I20200000112  
Phone : (407)351-6656  
Fax Number : (407)512-2313

\*\*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@EXCELTOTALBUSINESS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PATAKORI HOLDING LLC

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Corporate Filing Menu

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SEP 27 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATAKORI HOLDING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTONIO CARDOSO

Name of Person

EXCEL TOTAL BUSINESS

Firm/Company

7065 WESTPOINTE BLVD STE#301

Address

ORLANDO, FL 32835

City/State and Zip Code

ACCT@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 X#102

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**

PATAKORI HOLDING 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 01/10/2023 and assigned  
Florida document number L23000022483.

This amendment is submitted to amend the following:

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

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:

6531 ROSECLIFF DR. BL#26 APT# 109

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

6531 ROSECLIFF DR. BL#26 APT# 109

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835

**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:

EXCEL TOTAL BUSINESS

New Registered Office Address:

7065 WESTPOINTE BLVD STE#301

*Enter Florida street address*

ORLANDO

Florida

32835

*City*

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juliana Vigna P.Da Silva	6531 Rosecliff Dr. BL#26 Apt#109	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Rafael Prado Colella	6531 Rosecliff Dr. BL#26 Apt#109	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

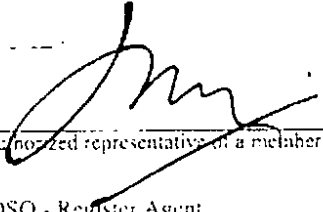
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

*(This area is for amendments. A large diagonal line is drawn across the space, indicating no changes were made.)*

E. Effective date, if other than the date of filing: 09/21/2023 (optional)  
(If 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 applicable 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 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Orlando, September 21st, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANTONIO CARDOSO - Register Agent

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00