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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : YOBI TECHNOLOGY, LLC

Account Number : I20200000112 : (407)832-7240 Phone : (407)612-2313 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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AJS KISSIMMEE LLC

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COVER LETTER

	gistration Sect vision of Corpo			
eli n iri t	AJS KISSIMI	MEE. LLC		
SUBJEC F		Name of Limit	led Fiability Company	
The enclose	ed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retui	rn all correspond	dence concerning this matter to	o the following:	
		ANTONIO CARDOSO	Name of Person	
		EXCEL TOTAL BUSINES	S	
			From Company	and a series of distances
		7065 WESTPOINTE BLVI		
			Address	·
		ORLANDO, FL 32835		
			City State and Zip Code	·-· ·
		ACCT@EXCELTOTALBU	SINESS COM o be used for future annual report noti	
				heation)
For further	information cor	ncerning this matter, please ca	III	
ANTONIC	CARDOSO		407 354-6656 X	, [()]
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for the	following amount:		
₩ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55 00 Filing Fee & Certified Copy agatitional copy is caclosed?	LJ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R 13 P	Iailing Address Legistration Solivision of Co LO. Box 6327 Tallahassee, F	ection rporations	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassec oc Street, Suite 810

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJS KISSIMMEE, LLC		
(Name of the Limited Liability Cursus (A Florida Limited C	ny as it now appears on our records.) Tability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/17/2023	and assigned
	Note the death of the second o	
Florida document number 1.23000147238		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited linb	ility company here:	
The new name must be distinguishable and contain the words "Limited I (abil	hts Company," the designation "LLC" or the abi	neviation "L.L.C."
	7430 BROOKLYN DR	
Enter new principal offices address, if applicable:	KISSIMMEE, FL. 34747	
(Principal office address MUST BE A STREET ADDRESS)	NISSIMINEC, FL. 1974.	
Enter new mailing address, if applicable:	NA	
(Muiling address MAY BE A POST OFFICE BOX)		
istuing united state to the total of the state		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	٠	e of the new registered
NIA		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		·
	Fater Florida street address	01
	, Florida	्रिक्
	(iii)	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	<u>v</u>
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	e performance of my auties, and 1 am j provided for in Chapter 605, F.S. Or, e address, I hereby confirm that the lii	if this document is
	nia.	

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	<u>Address</u>	Type of Action
	<u> </u>		ÇIAdd
			Пкеточе
			[]Change
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			□Remove
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			Remove
			_JChange

ANTONIO CARDOSO

Typed or printed name of signee