

L17 0000 84511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

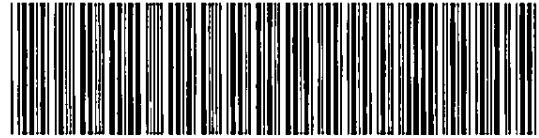
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/17/17--01026--010 **25.00

17 NOV 20 AM 10:50
STATE FERRY ST MAIL
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOLTS 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:

JUAN DE LA TORRE ESQ

Name of Person

LAW OFFICES OF JUAN DE LA TORRE

Firm/Company

PO BOX 780521

Address

ORLANDO, FL 32878

City/State and Zip Code

JUAN@DELATORRELAW.COM

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

For further information concerning this matter, please call:

JUAN DE LA TORRE

407 733-0640

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOLTS 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 04/14/2017 and assigned Florida document number L17000084511.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 NOV 20 AM 10:50

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:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(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:

LAW OFFICE OF JUAN DE LA TORRE PLLC

New Registered Office Address:

135 W CENTRAL BLVD SUITE 445

Enter Florida street address

ORLANDO

City

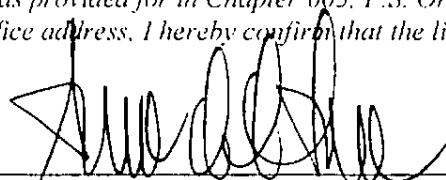
Florida

32801

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	EMMA D SALAZAR	8603 E COLONIAL DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ENMA D SALAZAR	8603 E COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN STEVE KIM	8603 E COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

