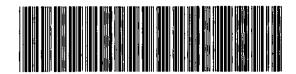
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SECRETARY OF STATE
SECRETARY F. FLORIDI

J. BRYAN

NOV 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Voltz International CLC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pepro A. Rosas Name of Person
Voltz International, LLC Firm/Company
11513 Pineloch Loop Address
Clermont FL 34711 City/State and Zip Code
Voltz distribution e gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Peoro A. Romas at (352) 874-1492 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime receptione Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 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

	Or	是何	
Voltz Int.	ernational, LLC	records.) records.) records.)	
(A Florida	ty Company as it now appears on our Limited Liability Company)	Pos H	
The Articles of Organization for this Limited Liability	1 7	109 and Assigned	
Florida document number <u>L09000 II0 /B6</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
Enter new mailing address, if applicable:			
• • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	= Managing Member	Address	Type of Action
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Peoro A. Rooms	11513 Pineloch Loop Clerment, FL 34711	Add Remove
ngrm	Zaibeth Rosario	14313 SW 96th Street Apt # 402 Miami, FL 33186	Add Remove
			Add Remove
			Add Remove
		——————————————————————————————————————	Add Remove
		AHASSE SE	A Demogra
D. If am	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	OF STATE
-			and the second s
- Dated	November 18, 20	209 _. .	
	Signature of a member	or or authorized representative of a member	<u></u>
	Peoro Typed	A. ROTAS d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00