

L1000022532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

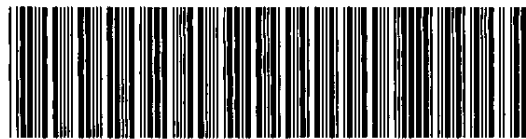
(Document Number)

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2012 JUN 26 AM 7:21
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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vollert Ventures, 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:

Werner Vollert

Name of Person

Vollert Ventures, LLC

Firm/Company

218 SE 14th St, #1401

Address

Miami, FL 33131

City/State and Zip Code

werner@vollert-ventures.com

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

For further information concerning this matter, please call:

Werner Vollert

Name of Person

at (305)

395-6569

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

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2012 JUN 26 AM 7:21
TALLAHASSEE, FL
REGISTRATION SECTION

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

Vollert Ventures, 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 02/22/2011 and assigned
Florida document number L11000022532.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 218 SE 14th St
(Principal office address MUST BE A STREET ADDRESS) 1401
Miami, FL 33131

Enter new mailing address, if applicable: 218 SE 14th St
(Mailing address MAY BE A POST OFFICE BOX) 1401
Miami, FL 33131

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: Werner Vollert
New Registered Office Address: 218 SE 14th St, #1401
Enter Florida street address
Miami, Florida 33131
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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KEMPTER, VOLKHARD	LEUTHENER STR. 4 BERLIN DE 10829 DE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CORMES GMBH	BAHNHOFSTR. 36 COBURG DE 96450 DE	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VISION-X GMBH	POHLSTR. 58 BERLIN DE 10789 DE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIA MPALaura	WEIMARER STR. 31 BERLIN DE 10625 DE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

12.06.12

Signature of a member or authorized representative of a member

WERNER VOLLERT

Typed or printed name of signee

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

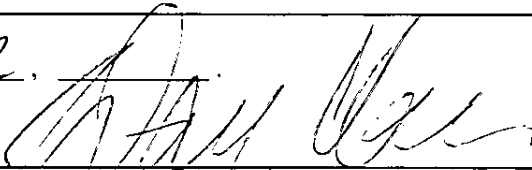
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>KEMPTER, VOLKHARD</u>	<u>LEUTHENER STR. 4</u> <u>BERLIN DE 10829 DE</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>CORMES GMBH</u>	<u>BAHNHOFSTR. 36</u> <u>COBURG DE 96450 DE</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>VISION-X GMBH</u>	<u>POHLSTR. 58</u> <u>BERLIN DE 10789 DE</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>MARIA MPALaura</u>	<u>WEIMARER STR. 31</u> <u>BERLIN DE 10625 DE</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

12.06.12.



Signature of a member or authorized representative of a member

WERNER VOLPERT

Typed or printed name of signee

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FALLS CHURCH, VA