

L44000006764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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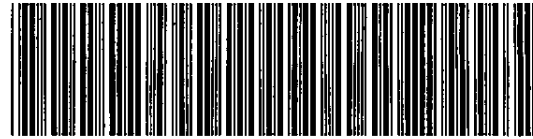
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 16 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE LITHIUM BATTERY COMPANY 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:

NATHAN A STARON

Name of Person

THE LITHIUM BATTERY COMPANY LLC

Firm/Company

3501 BESSIE COLEMAN BLVD #22233

Address

TAMPA, FL 33622

City/State and Zip Code

NATHAN@LITHIUMBATTERYCOMPANY.COM

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

For further information concerning this matter, please call:

NATHAN A STARON

813 504-0074

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**

THE LITHIUM BATTERY COMPANY 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 01/13/2014 and assigned
Florida document number L14000006764.

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:

(Principal office address MUST BE A STREET ADDRESS)

4912 W KNOX STREET

SUITE 100

TAMPA, FL 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3501 BESSIE COLEMAN BLVD

#22233

TAMPA, FL 33622

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:

NATHAN A STARON

New Registered Office Address:

4912 W KNOX STREET SUITE 100

Enter Florida street address

TAMPA

Florida 33634

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

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STATE
OF FLORIDA
TAMPA

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	NATHAN A STARON	3501 BESSIE COLEMAN BLVD	<input checked="" type="checkbox"/> Add
		#22233	<input type="checkbox"/> Remove
		TAMPA FL 33622	<input type="checkbox"/> Change
AMBR	NATHAN A STARON	3501 BESSIE COLEMAN BLVD	<input checked="" type="checkbox"/> Add
		#22233	<input type="checkbox"/> Remove
		TAMPA FL 33622	<input type="checkbox"/> Change
MRG	JOE DAVIS	1835 BUCCANEER LANE	<input type="checkbox"/> Add
		SARASOTA FL 34231	<input checked="" type="checkbox"/> Remove
		1835 BUCCANEER LANE	<input type="checkbox"/> Change
AMBR	JOE DAVIS	SARASOTA FL 34231	<input type="checkbox"/> Add
			<input checked="" 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

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TALLAHASSEE, FLORIDA

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

REMOVE JOE DAVIS FROM ANY INFORMATION DUE TO HIM NOT HAVING ANY AUTHORIZATION

TO MAKE ANY CHANGES PREVIOUSLY. I BELIEVE THAT EVERYTHING HAS BEEN

CHANGED BACK TO THE ORIGINAL STATUS BUT AT ONE POINT HE HAD THE NAME

OF MY BUSINESS FULLY UNDER HIS NAME. IF YOU HAVE ANY QUESTIONS

PLEASE CALL ME AT 813-504-0074

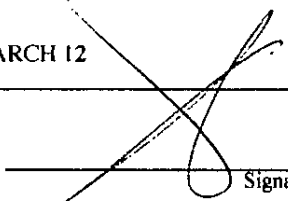
E. Effective date, if other than the date of filing: 01/01/2018 **(optional)**

(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 MARCH 12, 2018



Signature of a member or authorized representative of a member

NATHAN A STARON

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA