

U7000021871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 SEP 21 PM 12:07

N COOPER

SEP 24 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

VOLTEVO 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:

ROBERT DE LA RIVA

Name of Person

VOLTEVO LLC

Firm/Company

8200 NW 41ST ST - SUTE 200

Address

MIAMI, FL 33166

City/State and Zip Code

rdelariva@voltevolle.com

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

For further information concerning this matter, please call:

ROBERT DE LA RIVA

305

4843666

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**

VOLTEVO 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 01/27/2017 and assigned Florida document number L17000021871.

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)

8200 NW 41ST ST

SUITE 200

MIAMI, FL 33166

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8200 NW 41ST ST

SUITE 200

MIAMI, FL 33166

**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: ROBERT DE LA RIVA

New Registered Office Address: 8200 NW 41ST ST - SUITE 200

Enter Florida street address

MIAMI

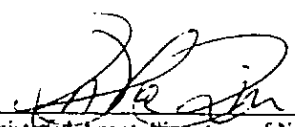
City

Florida 33166

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	ANA PAULA CAMPOLINA PEREIRA	1021 ADUANA AVE CORAL GABLES, FL 33146	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BIANCA DE LA RIVA	1021 ADUANA AVE CORAL GABLES, FL 33146	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

18 SEP 21 PM 12:00

SECRETARY OF DEFENSE  
DIVISION OF CONFIRMATIONS  
18 SEP 21 PM 12:07

(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)

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 SEPTEMBER 18<sup>TH</sup> 2018

Signature of a member or authorized representative of a member

ROBERT DE LA RIVA

Typed or printed name of signee