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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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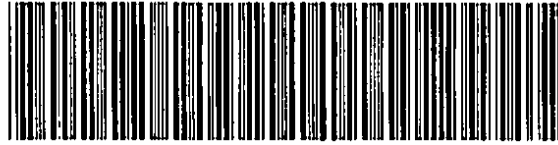
(Business Entity Name)

(Document Number)

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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:

ANDY CHICA

Name of Person

BOLTS LLC

Firm/Company

8603 E COLONIAL DRIVE, SUITE A

Address

ORLANDO, FL 32817

City/State and Zip Code

ANDY@BOLTAUTOSALES.COM

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

For further information concerning this matter, please call:

ANDY CHICA

at (407) 421-5698

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 04/14/17 and assigned
Florida document number L17000084511.

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)

8603 EAST COLONIAL DRIVE

ORLANDO, FLORIDA 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8603 EAST COLONIAL DRIVE

ORLANDO, FLORIDA 32817

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:

33 EAST ROBINSON ST. SUITE 222

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>
AMBR	J. RICARDO ESTUPINAN	8603 EAST COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR M	ANDY CHICA	8603 EAST COLONIAL DRIVE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32817	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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STATION 167
TALLAHASSEE, FLORIDA

17 AUG -7 AM 7:30
STATIONED AT
TALLAHASSEE, FLORIDA.

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.

Dated 08/02/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee