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TALLAHASSEE FLORID

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Volociti Services 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:
Hoang K. Vo Name of Person
Firm/Company
1150 Manatee Drive
Rockledge, FL 32955
City/State and Zip Code hoang vo 18@9mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hoang K. Vo at (321) 271-9354
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status 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

Volociti (Services 1	LC	
	ity Company as it now appear a Limited Liability Company)	rs on our record	<u>(s.)</u>
The Articles of Organization for this Limited Liability (Florida document number <u>L170012</u>	Company were filed on 0 1702	6/12/	2017 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	e <u>re</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the d	esignation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		D ():
Enter new mailing address, if applicable:	4.577.74		IT JUN 26 ECRETARAS
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address or lress here:	our record	s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street addres	S
		FI	orida
	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

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 = Ai	uthorized Member			
Title	Name	Address	Type of Action	
MGR	Hoarg K. Vo	1150 Manatee Brive XAdd ROCKledge, FL 32955 = Retnove		
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an cife lote: I	re date, if other than the date of filing: 06-11-2017 (optional) ctive 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 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.	07 (as t
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
ated _	June, 22, 2017. Induce of a prember of authorized representative of a method. Signature of a prember of authorized representative of a method.	
	A = A = A = A = A = A = A = A = A = A =	į
	Amira L. Munoz be Jesus 50 2	•
	Amira L. Munoz be Jesus 500 Tanky of Typed or printed name of signee Page 3 of 3 Page 3 of 3	F