(Requestor's Name) (Address)	
(Address)	700305203197
(City/State/Zip/Phone #)	11/03/1701022003 ★*75.00
(Business Entity Name)	
(Document Number)	
Certificates of Status	
	;
Special Instructions to Filing Officer:	

	COVER LETTER
TO:	Registration Section Division of Corporations
SUBJE	CT: Lithium Ion Technologies 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:



For further information concerning this matter, please call;

Joshua P. Hooks at (727) 900 - 7001 Name of Person Area Code Daytime Telephone Number

Enclosed is a cheek for the following amount:

🗴 \$25.00 Filing Fee

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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

A D'F16	CLES OF AMENDMENT
AKIIQ	TO
, ABTIC	LES OF ORGANIZATION
	OF
(Name of the Limited I	Jon Technologies, LLC iability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 318 2017 and assigned
Florida document number <u>LI7001769</u>	
This amendment is submitted to amend the followi	
A. If amending name, <u>enter the new name of the</u>	e 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	e:
(Principal office address MUST BE A STREET A	DDRESS)
	العيد العرب
	225 CD
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MCTR	Joshua P. Hooks	245 10th Avr. h.	Add
		Safety Harbor, FL 3-169	<u>S X</u> Remove
			Change
MGR	Jarrett Thorne	2171 Lagour Dr.	Add
		Dunedin, FL 3469B	Remove
			Change
MGK	Exodus Holdings	1010 Park Ct., Gunit	Add
	Group, LLC	Safety Harbor, FL 346	€ □ Remove
			Change
	·		O Add
			Remove
			- ``` Add
			1 000 6 4000
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			Remove
			Change

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

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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 UCtober 31 2017	
1 = 2	
Signature of a member or authorized representative of a member	
Jarrett Thorne	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00