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COVER LETTER

TO:

Registration Section Division of Corporations

CHDIEZT.	Volts and	Bolts LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jairo Perez				
		Name of Person			
	Volts and Bolts LLC				
		Firm/Company	-		
	4822 30TH Ave N				
		Address			
	St. Petersburg, FL, 33713				
	<u> </u>	City/State and Zip Code		2021 JUL TALES	
	voltsandbolts.electric@gma			一門に	
	E-mail address: (to be used for future annual report not	fication)	1	
For further information of	oncerning this matter, please c	all:		5	
Jairo Perez		727 557-6323 at ()		. <u> </u>	
Name o	f Person	Area Code Daytim	e Telephone Number	 က က	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address: Registration Section		Street Address: Registration Se Division of Cor			
Division of Corporations P.O. Box 6327		The Centre of T	•		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Volts and 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 $\frac{07/18/2018}{}$ _ and assigned Florida document number ______L18000172576 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." 4822 30th Ave N Saint Petersburg FL 33713 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4822 30th Ave N Saint Petersburg FL 33713 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
AMBR	Lauren Michele Casas	4822 30TH Ave N	
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D. If amending any other inform					
					
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be p block does not meet the app	rior to date of filing or r blicable statutory filin	option (option one than 90 days after fing requirements, this	iling.) Pursua	nt to 605.020 t be listed as
If the record specifies a delayed effect record is filed.	ive date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th o	day after the
Dated June 30th	2021				
	J. P				
	Signature of a member or a	uthorized representativ	e of a member		
	Jair	o Perez			

Filing Fee: \$25.00