## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : GRIMES, GOEBEL, GRIMES, HAWKINS, GLADFELTER & GALVANO, P.L.

Account Number : 072460000742 Phone : (941)748-0151 Fax Number : (941)748-0158

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jeremy @ Westin hills corp. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CURRENT VOLTAGE, LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(((H18000283088 3)))

Current Voltage, LLC					
(Name of the Limited Liabili (A Florida	ty Company as it now app Limited Liability Company	curs on our records.)			
The Articles of Organization for this Limited Liability C	Company were filed on	July 31, 2018	ап	d assign	ed
Florida document number L18000183223	<u></u> ·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	e designation "LLC" or the ab	breviatio	n "L L.C.	•
Enter new principal offices address, if applicable:			· · ·	<u> </u>	
(Principal office address MUST BE A STREET ADDR	RESS)			Ś	
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Enter new mailing address, if applicable:			17	37.×	•
(Mailing address MAY BE A POST OFFICE BOX)					ī
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Name of New Registered Agent:  New Registered Office Address:	ess here:			· <del></del>	
	Enter F	orida street address	_		
		, Florida			
			Zıp Cı	ode	
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance a sent as provided for in	of my duties, and I am fo Chapter 605, F.S. Or, I	miliar if this d	with ar locumer	ıd
	If Changing Registered A	Agent, Signature of New Res	istered A	<u>Ngent</u>	<u>-</u>
	Page 1 of 3				

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From:

(((H18000283088 3)))

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

Title	Name	Address	Type of Action
AMBR	Andrew Kicklighter	4366 Independence Court, Suite C Sarasota, FL 34234	■ Add
			B Aud
			🗆 Remove
			☐ Change
<del></del>			D Add
			□ Remove
			. No ☐ Remove
			☐ Kemove
			□ Change
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			□ Add
			Remove
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amending any other information, enter change(s) here: (Attach additional she	tels, if necessary,	((H1800) (
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tive date, if other than the date of filing: Tective date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement arent's effective date on the Department of State's records.  Cord specifies a delayed effective date, but not an effective time, at 12 g0th day after the record is filed.	ns, mis date will p	iot be listed as the
Sapt 28th 2018		
gruture of a member or authorized representative of a member		
Jeremy Peterson  Typed or printed name of signec		

Filing Fee: \$25.00