49000010973

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	





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R. WHITE APR 2.4 2019



COVER LETTER

SUBJECT:	VOLTRON	COMPANY LLC			
South CT.		Name of Limit	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		Jason Villalona			
			Name of Person		
		MyUSAcorporation.com			
			Firm/Company		-
		1 Radisson Plaza, Suite 800)		
			Address		_
		New Rochelle, NY, 10801			
			City/State and Zip Code		_
		voltronlog@gmail.com			
		E-mail address; (to	be used for future annual re	port notification)	
For further in	formation cor	ncerning this matter, please cal	II:		
Jason Villalo	na		877 3302 at ()	2677	
	Name of I		Area Code	Daytime Telephone Number	r
Enclosed is a	check for the	following amount:			
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

FILED

2019 APR 16 PM 6: 10

(Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company) VOLTRON COMPANY LLC The Articles of Organization for this Limited Liability Company were filed on 01/09/2019 and assigned Florida document number ____19000010973 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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:

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

Enter Florida street address

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>	Type of Action
AMBR ANDA MARIA JURJAK	str Facliei 68 a	_■ Add	
		oradea, ROMANIA	
			□ Remove
			Change
AMBR PAUL DAN JURJAK	22336 Calibre ct	□ Add	
		Apt #601	☐ Remove
	Boca Raton, FL 33433	B Kemove	
			
			Add
		Remove	
			☐ Change
			Add
			□ Remove
		Change	
		Add	
			Remove
			□ Change
			Add
			Remove
			Change

•	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effective (If an effecti	date, if other than the date of filing:
Note: If	tate, if other than the date of filing: (optional)
aocument	s effective date on the Department of State's records.
the record	i specifica and the second
) The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated Ma	2019
	Signature of the state of the s
	Signature of a member or authorized representative of a member
_	AUL DAN JURJAK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00