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2022 SEP 26 PM 2: 56 SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration S Division of Co			
JOLTEO	N LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Gavin Bridgeforth		
		Name of Person	
	JOLTEON LLC		
		Firm/Company	
	1564 Oakadia Ln.		~3
		Address	
	Clearwater, Florida 33764		SEP 2
	jolteonllc@gmail.com	City/State and Zip Code	2022 SEP 26 PN 2: 56 SECRETARY OF STATE FALLANASSEE, FL
	E-mail address: (to be used for future annual report notification)	—— EE TA
For further information	concerning this matter, please c	all:	TE 36
Gavin Bridgeforth		727 365 - 6034	
Name	of Person	Area Code Daytime Telephi	one Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOLTEON LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company)	,)
The Articles of Organization for this Limited Liability Compa	any were filed on 01/25/2021	and assigned
Florida document number 1.21000044192		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,	<u></u>	
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 here:	ce address on our records, <u>enter t</u>	[2] S
Name of New Registered Agent:		, <u>w</u> Q
		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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 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>	Address	Type of Action
MGR	Sean Ceruti	1444 S. BELCHER RD. Suite 132	□ Add
		Clearwater, FL 33764	■Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove 7022 SE Change 7ALLI AH
		AHASSEE, FILE	E C CRemove
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