

L22000181081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

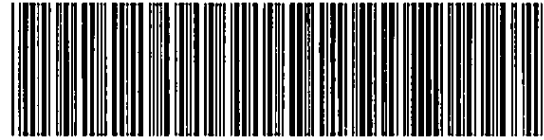
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

1113

SUBJECT: BOLT-ON IP SOLUTIONS, 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:

HENRY G. HAGAN
Name of Person

BOLT-ON IP SOLUTIONS, LLC
Firm/Company

MAIL	PHYSICAL
<u>PO BOX 620</u> Address	<u>2845 SW 5th St</u>
<u>DOYNTON BEACH FL</u> City/State and Zip Code	<u>DOYNTON BEACH FL</u>
<u>33425</u>	<u>33435</u>

HENRY@HENRYHAGAN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY HAGAN at (410) 852 5010
Name of Person Area Code Daytime Telephone 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN -3 PM 3:28
FALL HARBOR, FL 32303
1113

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BORTON IP SOLUTIONS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1123

The Articles of Organization for this Limited Liability Company were filed on APRIL 15 ²⁰²² and assigned Florida document number L 22000181081

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."

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:

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, enter the title, name, and address of each person being added or removed from our records:

BOLT-ON IP SOLUTIONS LLC 1/2)

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGR	WILLIAM CRAIG KENNEY	607 CENTRAL AVE ELMENTON FL 34222	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	W. CRAIG KENNEY REVOCABLE TRUST	607 CENTRAL AVE ELMENTON FL 34222	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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MGR AMBR	CHARLES T. HAGAN III	300 N GREENE ST SUITE 200 GREENSBORO NC 27401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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MGR	HENRY G. HAGAN	PO BOX 820 BOYNTON BEACH FL 33425	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	HENRY G. HAGAN REVOCABLE TRUST	PO Box 820 BOYNTON BEACH FL 33425	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	HAGAN GROUP HOLDINGS, LLC	PO Box 820 BOYNTON BEACH FL 33425	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

BOLT-ON IP SOLUTIONS, LLC 1123

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	WILLIAM R. LEE GEE		<input checked="" type="checkbox"/> Add
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	915 S. WOLFE ST		<input type="checkbox"/> Remove
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	BALTIMORE MD 21231		<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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BOLT-ON IP SOLUTIONS LLC 1/27

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

PLEASE CHANGE BOLT-ON IP
SOLUTIONS, LLC FROM A "MEMBER MANAGED"
LLC TO A "MANAGER MANAGED" LLC

FND

2023 JUN 13 PM 3:22
FILED
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN
JACKSON COUNTY

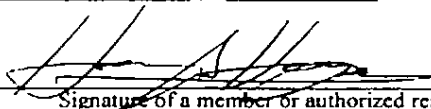
E. Effective date, if other than the date of filing: NO (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1/6/23



Signature of a member or authorized representative of a member

HENRY G. HAGAN

Typed or printed name of signee