

L23000501043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

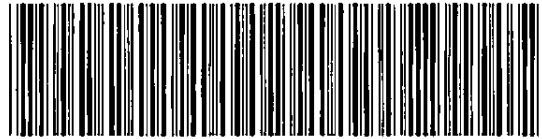
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100426921691

04/02/24--01028--013 \*\*60.00

4/11/24  
Ruhite

RECEIVED  
APR 11 2024

2024 APR -2 PM 3:23

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VOLTA 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:

TORRI PRESTON

\_\_\_\_\_  
Name of Person

VOLTA LLC

\_\_\_\_\_  
Firm/Company

2803 DURMONT COURT

\_\_\_\_\_  
Address

ANNAPOLIS/MD 21401

\_\_\_\_\_  
City/State and Zip Code

torripreston@voltainnovations.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TORRI PRESTON

404

788-6213

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

FILED  
2024 APR -2 04 3:23

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

**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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	TORRI R PRESTON	2803 DURMONT COURT	<input type="checkbox"/> Add
		ANNAPOLIS, MD 21401 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	GORDON F REED	152 SAND DOLLAR RD	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903 US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	CRISTIAN M DUTESCU	107 SAWTOOTH DRIVE	<input type="checkbox"/> Add
		VALRICO, FL 33594 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CTO	TYLER D EVANS	501 EAST BAY DR	<input type="checkbox"/> Add
		APT 804	<input checked="" type="checkbox"/> Remove
		LARGO, FL 33770 US	<input type="checkbox"/> Change
CFO	THANH P PHAM	5433 63RD ST N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33709 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Jon Preston  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**