

L23000543025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

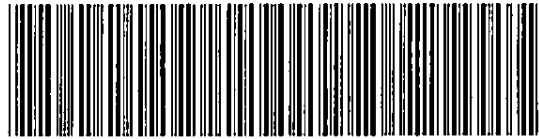
(Business Entity Name)

(Document Number)

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2024 JAN 12 PM 2:56
CLERK OF DISTRICT COURT
STATE OF FLORIDA
1/31/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOLTEO BUILDING COMPANY 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:

KRYSTLE GOODRIDGE

Name of Person

VOLTEO BUILDING COMPANY

Firm/Company

1550 SACKETT CIRCLE

Address

ORLANDO, FL 32818

City/State and Zip Code

KRYSTLE.GOODRIDGE@VOLTEOBUILDINGCO.COM

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

For further information concerning this matter, please call:

KRYSTLE GOODRIDGE

407 819-6674
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

2024 JAN 12 PM 2:56
TALLAHASSEE, FL
STATE

FILED

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

VOLTEO BUILDING COMPANY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/07/2023 and assigned
Florida document number L23000543025.

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	GOODCO GROUP, INC	1550 SACKETT CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	GOODRIDGE, KRYSTLE	1550 SACKETT CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	VOLTEO LLC	2290 LUCIEN WAY	<input type="checkbox"/> Add
		MAITLAND, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOODRIDGE, DALILA	1550 SACKETT CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNINGS, TESSA	5340 W KENNEDY BLVD, UNIT #536	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOODRIDGE, KRYSTLE	1550 SACKETT CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
JAN 2 12:57
COUNTY OF DADE
CLERK OF THE COURT

2024
ST
11

(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)

2024 JAN 12 12:57
STATE
FL

Dated JANUARY 2 2024

KRYSTLE GOODRIDGE

Filing Fee: \$25.00