

L24 000 111 769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

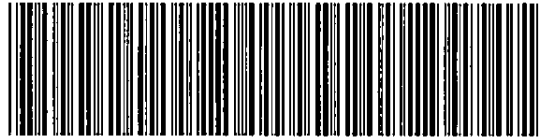
(Business Entity Name)

(Document Number)

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2024 APR 10 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOLTARA 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:

ERIC MATHEWS

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

BOLTARA LLC

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

2560 JUDGE FRAN JAMIESON WAY UNIT 1216

\_\_\_\_\_  
Address

MELBOURNE, FL 32940

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

eric@boltara.com

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

2024 APR 10 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

ERIC MATHEWS

702 890-1250  
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

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

BOLTARA 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 March 5, 2024 and assigned  
Florida document number L24000111769.

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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>
AMBR	TYLAN MATHEWS	6242 SNOW CACTUS STREET	<input type="checkbox"/> Add
		NORTH LAS VEGAS, NV 89031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAYLAN MATHEWS	2560 JUDGE FRAN JAMIESON WAY UNIT 1216	<input type="checkbox"/> Add
		MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TYLAEL MATHEWS	6242 SNOW CACTUS STREET	<input checked="" type="checkbox"/> Add
		NORTH LAS VEGAS, NV 89031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
 FALL 2010  
 2011 APR 10  
 8:00

2021 APR 10 AM 3:19  
SECRETARY OF STATE  
ALL INFORMATION

2021 APR 10 PM 8:15  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-21-2018 BY 60322  
UCBAW

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(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 requirements, the date shall be deemed to be the date of filing.

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.

Erie Martin  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**