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(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Traffipax, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Rehns, Esq.

Name of Person

Ward Damon PL

Firm/Company

4420 Beacon Circle

Address

West Palm Beach, FL 33407

City/State and Zip Code

krehns@warddamon.com

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

For further information concerning this matter, please call:

Rebecca Gianoutsos

at (561) 342-8813

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Traffipax, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M13000004322

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 9, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Jenoptik Smart Mobility Solutions, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.

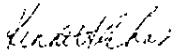
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary	Jeri Andersen	16490 Innovation Drive, Jupiter, FL 33478	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Chairman	Finbarr O'Carroll	16490 Innovation Drive, Jupiter, FL 33478	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Secretary	Michelle Scheller		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Chairman	Kevin Chevis		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Kenneth M. Rehns, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "TRAFFIPAX, LLC",
CHANGING ITS NAME FROM "TRAFFIPAX, LLC" TO "JENOPTIK SMART
MOBILITY SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE
SEVENTEENTH DAY OF JANUARY, A.D. 2024, AT 9:10 O'CLOCK A.M.



3017028 8100
SR# 20240139727

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202641487
Date: 01-23-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:10 AM 01/17/2024
FILED 09:10 AM 01/17/2024
SR 20240139727 - File Number 3017028

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Traffipax, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is JENOPTIK Smart Mobility Solutions, LLC

By: 

Authorized Person

Name: Finbarr O'Carroll

Print or Type