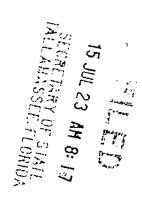
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TO: Registration Section
Division of Corporations

SUBJECT:	Voyager Systems LLC		
SUDJECT.		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:

	Srinivas Maradana			
	Name of Person			
	Voyager Systems LLC			
	 	Firm/Company		
	1250 South Miami Aver	nue, APT 1407		
		Address		
	Miami, FL 33130			
	City/State and Zip Code			
	voyagersystemsllc@gma	il.com		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Srinivas Maradana		954 5580447		
Name	of Person		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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOYAGER SYSTEMS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Florida document number L13000144389	Company were filed on 10/14/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
1TouchStudios LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the ne
Name of New Registered Agent:		22 /2
New Registered Office Address:	Enter Florida street add	
	,	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

MGR = M	from our records: Ianager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
·			□ Change
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ective date, if other than the date of filing:	(optienal)
effective date is listed, the date must be specific and cannot be prior to ce: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	late of filing or more than 90 days after filing.) Pursuant to 605.02 e statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not a he 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
ed July 15th , 2015 ,	
101.72	ed representative of a member

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Filing Fee: \$25.00