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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	e)
(Dc	ocument Number)	.
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Se vision of Cor			
		viation International, LLC		
SUBJECT:		Name of Lim	ited Liability Company	.
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Martin B. Sims		
			Name of Person	
		Voyager Aviation Internat	ional, LLC	
			Firm/Company	
		475 Manor Drive		
			Address	
		Merritt Island, FL 32952		
			City/State and Zip Code	
		financial@voyageraviation.		
			to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Martin B. S	ims		321 454-3090	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 Aviation International, 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 $\frac{05/05/2006}{}$ and assigned Florida document number 1,06000018329 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 "LLC." 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: Martin B. Sims Name of New Registered Agent: 475 Manor Drive New Registered Office Address: Enter Florida street address Merritt Island

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

Page 1 of 3

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>	Address	Type of Action
MGR	Patti J. Vest	255 Carole Ct.	
	Patt West	Satellite Beach, FL 32937	■ Remove
			Change
MGR	Martin B. Sims	5 Valley Gardens, Eaglescliffe	Add
	A. A	Cleveland, Stockton on Tees	☐ Remove
		TS16-0LY GB	☐ Change
			Add
			Remove
			Change
			☐ Remove
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	Signatu	re of a member or a	authorized runeso	entative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00