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D. BRUCE

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EXAMINER

## **COVER LETTER**

10:	Division of Cor						
SUBJE	CT•	Vo	byse USA, LLC				
SUBJEN	Name of Limited Liability Company						
		Amendment and fee(s) are	-				
		[	Damaso W. Saavedra, Esq.				
			Name of Person				
		Saavedra, Pelosi, Goodwin & Hermann					
	Firm/Company						
		312 S.E. 17th Street, Second Floor			=		
			Address	<u>.</u>	MA		
		Fort Lauderdale, Florida 33316			MAY 27		
		City/State and Zip Code		 SE SE	7 P	्रा. - सिंहा	
		kdavis@lawspgh.com  E-mail address: (to be used for future annual report notification)			PM IPP		
For furth	ner information co	oncerning this matter, plea	•	STATE Feorida —	<del>4</del>		
		thy R. Davis	at ( 954 ) 767-6333		_		
	Name of	f Person	Area Code & Daytime Telephone N	lumber			
Enclosed	d is a check for th	e following amount:					
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Statu	Certified Copy Ce (additional copy is enclosed)	00 Filing Fee ertificate of Se ertified Copy Iditional copy	tatus &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Voyse United Liability Companies (Name of the Limited Liability Companies) (A Florida Limited	USA, LLC pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compared Florida document numberL0700069781	ny were filed on <u>July 5</u> ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Li "L.L.C."	imited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<b>一</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MY27 PHIE 54 PHASSEE FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Į.

MGR = Manager

MGRM = Managing Member Type of Action Title **Address** <u>Name</u> GCFN Investments, Inc. MGR 312 S.E. 17th Street, Second Floor ☐ Add √ Remove Fort Lauderdale, Florida 33316 MGR 312 S.E. 17th Street, Second Floor **✓** Add AMS Private Wealth USA, LLC Remove Fort Lauderdale, Florida, 33316 ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) May 11 2001 Dated \_ Signature of a member or authorized representative of a member Nury Aguilera Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00