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Date: 9/25/2015

To Whom It May Concern:

Please add the manager Kristoffer Lumby with address: 553 CR 3770 Mountain View, MO 65548

Should you have any questions please call my cell phone 786 208 5617

Regards,

Marius Hernberg

VoxDis LLC

3131 NE 188ST #2507

Aventura, FL 33180

## **COVER LETTER**

TO:	Registration Second Division of Corp			
CHID	VoxDis LLC			
SUB	JECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspon	ndence concerning this matter	to the following:	
		Marius Hernberg		
			Name of Person	
			Firm/Company	
		3131 NE 188ST		
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		mhernberg@voxdis.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For fi	urther information co	oncerning this matter, please ca	all:	
Mari	us Hernberg		786 208 5617 at ()	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ S	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

VoxDis LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 12/27/2010	and assigned
Florida document number L10000131503		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		Fu s
		15 OCT -8 PH 2
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Enter new mailing address, if applicable:		me 3 m
(Mailing address MAY BE A POST OFFICE BOX)		PS N C
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B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the n
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>	Address	Type of Action
MGR	KRISTOFFER LUMBY	553 CR 3770	<b>=</b> Add
		553 CR 3770 MOUNTAINVIEW, MO 65548	
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