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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 09 2015

**Y SULKER**

**VOXD<sup>i</sup>s™**

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,

A handwritten signature in black ink, appearing to be 'MH' followed by a long horizontal stroke.

Marius Hernberg  
VoxDis LLC  
3131 NE 188ST #2507  
Aventura, FL 33180

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VoxDis LLC  
\_\_\_\_\_  
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:

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: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marius Hernberg at (786) 208 5617  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

VoxDis LLC

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9/23/15, \_\_\_\_\_

Signature of a member

MARIUS HEINZEL

Typed or printed name of signee