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SECRETARY OF STATE
IALL MIASSEE, FLORIDA

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Business owner name entered incorrectly

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sasha Espada

Name of Person

Oasis Voyages

Firm/Company

3240 Park Branch Ave

Address

Clermont FI 34711

City/State and Zip Code

dangaugaun@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sasha Espada

,407

4275881

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (4/13)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST Oasis	: The name of the limited liability company is: Voyages LLC
SECO!	ND: The articles of organization or the application to transact business
$ \overline{\checkmark} $	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name of one of the owners was entered incorrectly. Incorrect Statement-Sasha Espada Jr
	Correct Statement-Sasha Espada
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	Signature of a member or authorized representative of a member Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)