L170001 31709

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Peaceful Financial Journey 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:
Daniel Rey Lope Z. Name of Person
Peaceful Financial Jarney, LLC Firm/Company
155 Cranes Roost Blyd Sk 2040 Address
Altamonte Springs, FL 32701 City/State and Zip Code
E-mail address Ito be used for future annual report notification)
For further information concerning this matter, please call:
Courtney Nielsen at (324) 277-1976 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Peaceful Financial bur	ney, LLC		
Peaceful Francial but (Name of the Limited Liability Compan (A Florida Limited L	is as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000131709</u> . This amendment is submitted to amend the following:	_	and assig	gned
A. If amending name, enter the new name of the limited liabi	lity company here:		
Voyage Retirement Solutions Li The new name must be distinguishable and end with the words "Limited Liabi		abbreviation "L.	L.C.*
Enter new principal offices address, if applicable:	300 International Park	way Ste	130
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, PL 3274	<u>6</u>	 -
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:		÷1	
			- -
New Registered Office Address:	Enter Florida street address	106 -4 10-97	
	City	Zip Code	*****
New Registered Agent's Signature, if changing Registered Agent:			er i Bh B
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Ot	i familiar with r, if this docur	and nent is
If Char	nging Registered Agent, Signature of New I	Registered Agent	_

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Remove
			□ Remove
			Add
			Remove
			□ Add □ Remove
			LI Kemove
			□ Add
			Remove

Effective date, if other than the effective date must be specific, could be the date this document is filed by the	the date of filing: (optional annot be prior to date of receipt or filed date and cannot be more than 90 days after a Florida Department of State)
the date this document is filed by the	che date of filing: annot be prior to date of receipt or filed date and cannot be more than 90 days after be Florida Department of State) , 2014
Effective date, if other than to (The effective date must be specific, or the date this document is filed by the Dated	e Florida Department of State)

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Filing Fee: \$25.00