L16000014943

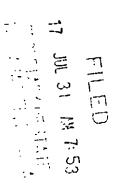
| (Re | questor's Name) | |
|-------------------------|----------------------|--------|
| , | • | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone #) |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name) | |
| · | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates of | Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200301233092

07/13/17--01014--007 **35.00



Aug 1 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2017

CHRISTOPHER M VLACHOS 714 B DEVILLIERS ST PENSACOLA, FL 32501

SUBJECT: VOYAGE REAL ESTATE, LLC

Ref. Number: L16000014943

We have received your document for VOYAGE REAL ESTATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00014313

- See attached updated form as requested.

ZOFIVE C ZOFIJULSI RYSELIK ZERNEY CHARLO ZAMEN

www.sunbiz.org

COVER LETTER

| ΓO: | Registration Section Division of Corporations | | |
|----------|-----------------------------------------------------------------------|-----------------------------------------------------|-----------------------------|
| SUBJE | CT: Voyage Real Esta | He, LLC | |
| | me of Limited Liability Comp | uriy | |
| The enc | losed Articles of Amendment and fee(s) are submitted for filing. | | |
| | eturn all correspondence concerning this matter to the following: | | |
| | | | |
| | CHRISTOPHER VLA Name of Per | CHOS, ESQ. | |
| | | | |
| | VLALHOS LAW FI Firm/Compa | RM | |
| | r nine compa | inty | |
| | 714 N. De Villiers | | |
| | | | |
| | Pensacola, FL 32501 City/State and Zi | n Code | |
| | Voyage property eg | mail.com | |
| | | annual report notification) | |
| For furt | her information concerning this matter, please call: | | |
| | Name of Person Area Co | 696-7656 | |
| | Name of Person Area Co | 17ayının Telephone Pumoer | |
| Enclose | d is a check for the following amount: (Paid previous) | - (aki law) | |
| | .00 Filing Fee Solution Status Status Certified Certificate of Status | ng Fee & □ \$60.00 Fi | ling Fee, te of Status & |
| | | ppy is enclosed) Certified | |
| | | , i | ? |
| | | | 第二 |
| | Registration Section R | TREET/COURIER ADDRESS: egistration Section | |
| | P.O. Box 6327 | ivision of Corporations lifton Building | ستان نوان |
| | Tallahassee, FL 32314 2 | 661 Executive Center Circle allahassee, FL 32301 | ် က |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Voyage Real Estate, LLC

| (Name of the Limited Liability Compa (A Florida Limited | any as It now appears on our records.) Liability Company) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{1/21/2016}{}$ and assigned |
| Florida document number 116000014943 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| N/A The new name must be distinguishable and contain the words "Limited Liabi | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered o | office address on our records, enter the name of the nev |
| registered agent and/or the new registered office address her | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida , E T |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | + + + + + + + + + + + + + + + + + + + |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being 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 familiar with and provided for in Chapter 605, F.S. Or, if this document is |
| | |
| If Cha | inging Registered Agent, Signature of New Registered Agent |
| | |

Page 1 of 3

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 Type of Action Title Name <u>Address</u> JOHN DAVIDEUIS, JR. 700 N. De Villier St. BROKER □ Add Persacola, FL 32501 Change BROKER JOHN RICKMON 700 N. DEVILLIERS ST. DAdd PENSALOLA, FL 32501 ☐ Change 700 N. DEVILLIERS ST. MAD MGR AMIR M. FOOLAGI PENSACOLA, FL 32501 __ Remove ☐ Change □ Add □ Remove ☐ Change □ Add , ☐ Remove ω ∖ □ Change ; ┐ __□-Add___ı Remove ☐ Change

| amending any other | | | | onal sheets, if nece | rssary.) |
|---------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------|
| | · | | | | |
| | | | | | |
| | | - ··. | | | |
| <u></u> | | _ - | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | <u> </u> | | |
| | | | | | |
| | | | | <u></u> . | |
| | | | | | |
| | | | | | |
| • | | | | • | |
| | | | | <u> </u> | |
| | | | | . | |
| | | | | | |
| | <u> </u> | · | | | |
| te: If the date inserte cument's effective dat | the date must be spec d in this block doe te on the Departme a delayed effec | eific and cannot be prices not meet the applicant of State's record | or to date of filing or n cable statutory filings. | g requirements, this | onal) filing.) Pursuant to 605.0207 s date will not be listed as a.m. on the earlier o |
| | | | | | بعدر |
| cd July 2 | 6 } | 2017 Pin () | 0 - | | -7 JU 7 |
| <u> </u> | Signatu | re of a member or aut | horized representative | of a member | 3 F |
| | | | | | |
| | しったく | DAVID E | UIS, TR. | | |
| | NHO O | DAVIO El Typed or prin | UIS, JR. | | |

Filing Fee: \$25.00