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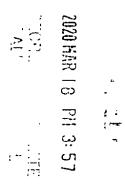
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Voyage	Real Estate LLC Name of Limited Liability Company	
The enclosed Articles of Amendmen	and fee(s) are submitted for filing.	
Please return all correspondence con	erning this matter to the following:	
	Name of Person Voyage Real Estate Firm/Company Letting St. Suite 101 Address Address City/State and Zip Code broker @ Voyage gulf coast.com E-mail address: (to be used for future annual report notification)	
For further information concerning t		
John Ell, Z Name of Person	at (850) 393 – 3574 Area Code Daytime Telephone Number	
	amount: Diffiling Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Voyage X	eal Estate	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned ANR 18
A. If amending name, enter the new name of the limited liabi	ility company here:	P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation J.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	321 N de Villie Pensarola, Fi	32501
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	321 1 & delille Pensacola FL	50501
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	a
	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>	<u>Address</u>	Type of Action
MGR	Amir M. Fooladi	700 N. D. Villiers St.	
		Pensacola FL 32501	PRemove
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ed March	5th,	<u> 2020</u>				
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	Signature of a m	ember or authorize	ed representative of	member		