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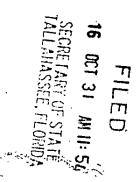
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PICK-UP	☐ WAIT	MAIL
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D. SCOTT MOV 2 2016

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Voxie LLC	· 			
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Robert	Houtenbrink Name of Person		_	
	Yoxiell	C			
		hims// omponi	- 0+ N	SEC ALL	; ·
	2235 Sprin	Address	apiro	AFT	<u> </u>
		Address		- SSE - 4	?
	Delray Be	each FZ 33445	ĵ .	IRETARY OF STATE LAHASSEE, FLORIDA	ILED
	Robert. Anto	City/State and Zip Code Thing To Mail (Com		ORIDA ORIDA	ָ הַ
		to be used for future annual report notific	cation)		
~	oncerning this matter, please c	all: 200 206	-7309		
Name of		at ()	Telephone Numbe	er	
Enclosed is a check for the	a following amounts				
	_				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Voxie LL	<u>C</u>
	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on 10/29/7016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Robert Houtenbrink
(Principal office address MUST BE A STREET ADDRE	ISSO 19711 belview Drive
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Cutter bay FC 33157 Plobert Houtenbrink 19711 belview Drive cutter bay FL 33157255
<u>registered agent and/or the new registered office addre</u>	
Name of New Registered Agent:	belview Drive
New Registered Office Address:	belview Drive Sin g
Cutler b	ay , Florida 33157
New Post and All Charles and 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> 15/2/AP/	Name Robert Houtenbrink	Address 19711 Delview Drive A	Type of Action All -ready Added
		cutter bay FL 33157	☐ Remove
			☐ Change
	····		□ Add
			☐ Remove
AP	Nicholasi Ocynthia		☐ Change
		7233 Spring Narborapt N	□ Add
		2233 Spring narborapt N DODE Delray Beach, FL 33445	Remove
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Page 3 of 3

Filing Fee: \$25.00