K17000101914

(Requestor's Name)
(Address)
(Address)
(idaioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Efficy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200385017872

04/15/22--01005--006 +*25.00

22 APR 15 PM 3= 22

T. MATTHEWS MAY 16 2022

COVER LETTER

VOYAC SUBJECT:	JE2017 LLC		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are si	ibmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Cory S. Carano, Esq.		
		Name of Person	
	Kelley & Grant, P.A.		
		Firm/Company	
	370 Camino Gardens Blv	d, Ste. 301	
		Address	
	Boca Raton, FL 33432		
	gdbouchet@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address:	to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Cory Carano		561 672-1161	
Name e	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres	· ·		
Registration S	Section	<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	orporations
P.O. Box 632	/	The Centre of	Tallahassee

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 APR 15 PM 3: 22

VOYAGE2017 LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on (Liability Company)	our records.)
The Articles of Organization for this Limited I. Florida document number 1.17000101914	Liability Company	v were filed on 05/08/2	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the v			tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		15 Camborne Circle Iowa City, Iowa 5224	
Enter new mailing address, if applicable:		15 Camborne Circle	
(Mailing address MAY BE A POST OFFICE BOX)		lowa City. Iowa 5224	5
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	egistered office as here: Kelley & Grant		s, enter the name of the new registered
New Registered Office Address:	370 Camino Ga	rdens Blvd, Ste. 301	
New Registered Office Address:		Enter Florida stre	et address
	Boca Raton		Florida 33432
		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

Title	<u>Name</u>	Address	Type of Action
MGR	SPARING PARTNERS 2 INC.	33 SE 4TH STREET, SUITE 100	
		BOCA RATON, FL 33432	
MGR	HUBERT PRIMAUT		□Change
		15 Camborne Circle	= Add
		Iowa City, Iowa 52245	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		ther informatio							•	
							-			
					_					
										
				·						
										
				_ <u>_</u>						
									<u> </u>	
										
										
										_
										
										_
							<u> </u>		 -	
										
										
										_
										 -
Note	ctive date, if other effective date is listed If the date insert ment's effective da	ted in this block of	specific and does not m	cannot be pri eet the anni	ior to date o licable era	f tiling or mo utory tiling	re than 90 da requiremen	(optional) ys after filing its, this date) (.) Pursuant to 6 (will not be l	605.0207 (isted as t
If the record is t	ord specifies a dela filed.	yed effective dat	e, but not a	m effective	time, at 11	2:01 a.m. o	n the earlier	of: (b) T	ie 90th day af	ter the
	April 12			2022						
Dated			,		·					
Dated										
Dated	4									
Dated			iture of a me	mber or aut	horized repr	resentative o	f a member	-		

Filing Fee: \$25.00