

118000 128 420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

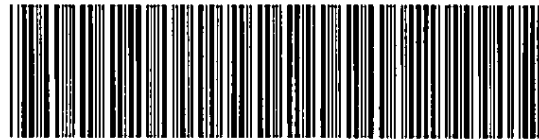
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2019 MAR 21 PM 3:14
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

C. GOLDEN

MAR 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAM CAPITAL 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:

RICHARD A CAHLIN
Name of Person
JAM CAPITAL LLC
Firm/Company
1001 BRICKELL BAY DR # 1400
Address
M. A FL 33131
City/State and Zip Code
RICHARD. CAHLIN @ EISNERAMPER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD A CAHLIN at (305) 371 6700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2019

RICHARD A. CAHLIN
1001 BRICKELL BAY DRIVE
SUITE 1400
MIAMI, FL 33131

SUBJECT: JAM CAPITAL LLC
Ref. Number: L18000128420

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 619A00005070

SIGNED BY JOAQUIN MACAR
MEMBER
3.19.19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

RICHARD A. CAHLIN
1001 BRICKELL BAY DRIVE
SUITE 1400
MIAMI, FL 33131

SUBJECT: JAM CAPITAL LLC
Ref. Number: L18000128420

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00004186

RECEIVED

2019 MAR 11 PM 2:13

SECRETARY OF STATE
TALLAHASSEE

*COLLECT AND
ATTACHED*

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NAME CHANGE

FILED

2019 MAR 21 PM 3:15

JAM CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5.22.18 and assigned
Florida document number L 18000178420

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VOYAGES IN VOGUE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

SAME

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3.6.19

Typed or printed name of signee

Name of signee JORGE MACARI - MEMBER

3.19.19