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COVER LETTER

NAME CHANGE

TO: Registration Se Division of Co			
OND INCOM	VOYA	CES IN VOC	CYE LLC
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		RICHARD A	CAHUIN CPA
		Name of Person	
	V04.	AGES IN VOG	ur Lic
		Firm/Company	
	100	Address	ry DLIUC
		Address	54116 140
	MI	AM i FL 3 3.	, 3 ,
		City/State and Zip Code	<u> </u>
	KICHAR	D. CANCIN E El	TNILAMIEN. COI
For further information (E-mail address: (concerning this matter, please c	to be used for fature annual report north	cation)
3,16H	ALA A CAHUIN	at (305) 37 Area Code Daytime	16200
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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 Addre	ec.	Street Address:	

Mailing 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

NAME

• • • • • • • • • • • • • • • • • • • •	IN VOGYE LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company well Florida document number	re filed on and	302 HAY 27-PH 5
This amendment is submitted to amend the following:	ASSECTION OF THE SECTION OF THE SECT	17 27 · R
A. If amending name, enter the new name of the limited liability	company here:	72
	SPORIHIKSES LEG	<u> 4</u> 7
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation ::	LC:27
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	TAME	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new	registered
	SANC	
Name of New Registered Agent:		
New Registered Office Address:		
They magnitude of the France,	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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionally that the company has been notified in writing of this change.	rformance of my duties, and I am familiar with vided for in Chapter 605, F.S. Or, if this docus	h and ment is

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>	Name	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Remove
.			
			Remove
			□Change
			□Add
			□Remove
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Effective date, if other that fan effective date is listed, the da Note: If the date inserted in the document's effective date on	his block does not	meet the applicable	ate of filing or more statutory filing i	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605 ate will not be list	5.0207 (3)(b) ed as the
record specifies a delayed ef d is filed.	fective date, but no	ot an effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day re	rt. 202
) 2	
Dated		_,	بم		ASS	172
		pen	u Ci	u	ش بي-	
	Signature of a	a member or authorize	d representative of	a member	ـــــــــــــــــــــــــــــــــــــ	
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Filing Fee: \$25.00