1 19000074003

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Consid Instructions to Elling Office	
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ELUR DARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Sec Division of Cor		#n .	•		•
SUBJECT: Bon V	oyage Conne	ction Limited		mpany	•
Dear Sir or Madam:					
The enclosed Statement	of Correction and fee(s) a	re submitted for filing	. .		
	ondence concerning this n				
John Jacks	son			2119	,
	Name of Person	=	•	MIN HAR 2	
Bon Voyage Con	nection Limited Lia	bility Company		27 VSSE VSSE	
	Firm/Company		•	in in ≥	1
803 Button	Bush Way			H: 1 STATE LORIC	
	Address	 	-	D _F S	
Niceville F	L 32578				
C	ity/State and Zip Code		-		
cosjackson	20@hotmai	l.com			
	be used for future annual		•		
For further information of	concerning this matter, ple	ease call:			
John Jacks		719	287-1111		
Name o	of Person	at (Area Code	Daytime Telephone	Number	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 323	s	
Enclosed is a check for	the following amount:	,			
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee Certificate of Statu Certified Copy		

CR2E062 (9/15)

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	nt to sec	tion 605.0209, F.S., this document is being submitted	to correct a previously filed docum	nent. COMPAN/AL	
FIRST:	: The na	me of the limited liability company is: Bon Voyage	e Connection Limited Liability	Corporation H	
SECON	.	The Florida Document number of the limited liability Document to be corrected is: Articles of Organization	ty company is: L19000074	003	
THIRD	_			TERRENT	
	Contai	CHECK THE APPROPRIATE BOX AND COMP ns an incorrect statement. The incorrect statement, the ent are as follows:			
	The	name of my LLC incorrect. Can	you please change it	to	
	Bor	Voyage Cruise Connection Lim	TED LIABILITY	OMPANY H	
	<u>OR</u>				
	as follo	efectively signed. The manner in which the documen ows:	t was defectively signed and the ap	eu biobusie correction are	
	OR The of	Octronic transmission of the record was defective.	25 MA	7 10	
	\rightarrow	Signature of Authorized Representative		<u>(</u>	
		w registered agent, if applicable :(NOTE: if correcting esignation).	ng the registered agent, the new reg	istered agent must sign	
I hereby provisio obligati	y accept ons of a ions of t a chang	d Agent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act ll statutes relative to the proper and complete perforn ny position as registered agent as provided for in Cha e in the registered office address, I hereby confirm the	nance of my duties, and I am familia upter 605, F.S. Or, if this document	ar with and accept the is being filed to merely	
Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		