5/4/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | _ | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTAL VOYAGE LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55.00 |

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|----------|--------------------------------------|--|---|---|-----------------|
| ern ne | | YAGE LLC | | | |
| SORTE | CT: | Name of Limite | d Liability Company | | |
| The ene | dosed Articles of a | Amendment and fee(s) are subm | itted for filing. | | |
| Please r | eturn all correspo | ndence concerning this matter to | the following: | | |
| | | Cheyenne Moseley | | | |
| | | | Name of Person | | • |
| | | Legalzoom.com, Inc. | | | |
| | | | Firm/Company | | _ |
| | | 101 N Brand Blvd 11th Fl | | | |
| | | | Address | <u> </u> | - |
| | | Glendale, CA 91203 | | | |
| | | | City/State and Zip Code | | _ |
| | | fetravel2020@gmail.com | | _ | |
| | | E-mail address: (to | be used for future annual rep | ort notification) | |
| For fur | ther information c | oncerning this matter, please cal | 1: | | |
| Cheye | nne Moseley | | 800 773-0 | 888 | |
| | Name c | d Person | Area Code | Daytime Telephone Number | r |
| Enclos | ed is a check for t | he following amount: | | | |
| | 5.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | ed) Certific | ate of Status & |
| | Regist | JNG ADDRESS: ration Section on of Corporations | Registration | COURIER ADDRESS: 1 Section Corporations | |

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO TO THE STATE OF ARTICLES OF ORGANIZATION OF OF THE PH 2: 11

| TOTAL VOYAGE LLC | | · Vii. |
|---|--|--|
| (<u>Name of the Limited Liability</u> (A Florida l | Company as it now appears on our i Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L20000068540</u> | ompany were filed on 03/02/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| Total Voyage Travel LLC | | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation | "LLC" or the abbreviation "L L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR. | <u>ESS)</u> | |
| | <u>-</u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | tered office address on our r ress here: | ecords, <u>enter the name of the nev</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | EnterFloridastree | address |
| | time t withdistrett | ***** |
| | City | , FloridaZipCode |
| | ŕ | My Conc |
| New Registered Agent's Signature, if changing Registered | d 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 | | | 2020 MAY -1; | P11 2: 1 1 | 11 | |
|---|------|----------------|--------------|------------|----------------|--|
| <u>Title</u> | Name | <u>Address</u> | : | | Type of Action | |
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| | tive date, if other than the date of filing: (optional) |
| Note: | flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nent's effective date on the Department of State's records. |
| <u>Note:</u> docur he re | : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| <u>Note:</u> docur he re The | this date inserted in this block does not meet the applicable statutory filing requirements, this date with hot be listed as to nem's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
| <u>Note:</u> docur he re The | Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after thing.) Pursuant to 003.02074 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
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Filing Fee: \$25.00