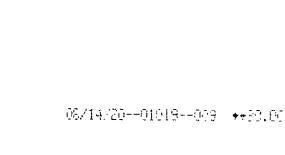
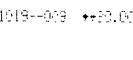
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### **COVER LETTER**

Division of Corp	porations		
SUBJECT: VOY	ce Proper	Fy Main tenar	nce, LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jeri	emiah Vorce Name of Person	-
	Vorce Pro	perty Mainten	ance, UC,
	12728 R	VCKHOCA () Address	) (2
	Huds	City/State and Zip Code  Cance 2020 (a)  to be used for future annual report notifi	069
	VF pmainter E-mail address: (1	nance 2020 (a to be used for future annual report notif	) amail.com
For further information co	oncerning this matter, please ca	all:	
Marissa Name of	Vor Ce Person	at (727) 231 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Vorce Property Maintenance, 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 Co	ompany were filed on _05/07	2020 and assigned
Florida document number <u>L2000012424</u>	<u>t</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		~
Voice Family Property The new name must be distinguishable and contain the words "Limit	Led Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	·
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NIA	2°5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, ente	er the name of the new registered
Name of New Registered Agent:	JIA	
New Registered Office Address:	Enter Florida street addr	ess
		Florida Zip Code
	City	Zip Coae

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 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	Address	Type of Action
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			□Remove
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ecord spe s filed.	ecifies a delaye	d effecti	ve date, bu	t not an	effective	time, at 12	2:01 a.m. c	on the earlier of	(b) The	90th day after the
ted(	08/12	120	020	, · _	2020	)				
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Filing Fee: \$25.00