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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:		istration Sec sion of Corp			
cupira		VOYAGE S	SPORTS LLC		
SUBJEC	L1;		Name of Lin	nited Liability Company	_
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			COREY P. MCCARRAG	HER	
				Name of Person	_
			VOYAGE SPORTS LLC		
				Firm/Company	
			2360 W MICHIGAN AVI	E	
				Address	—
			PENSACOLA, FL. 32526		
				City/State and Zip Code	
			coreypab@gmail.com		_
For furth	ner in	formation co	h-mail address: ((to be used for future annual report notification)	
COREY	Р. М	fCCARRAC	HER	850 393-8498 at ()	
		Name of	Person	Area Code Daytime Telephone Nun	nber
Enclosed	l is a	check for th	e following amount:		
□ \$ 25.	.00 F:	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification Copy is enclosed) Certification Certificati	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
		ing Address		Street Address:	
	_	istration S ision of Co	ection orporations	Registration Section Division of Corporations	
	P.O	. Box 632°	7	The Centre of Tallahassee	
	Tall	ahassee, F	L 32314	2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limit	mpany as it now appears on outed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa Florida document number L20000336965	any were filed on	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 HOV
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	0
		0 .
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records	, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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>	Address	Type of Action
MGR	COREY P. MCCARRAGHER	3004 OAK POINTE DR PENSACOLA FL 32505	= Add
			□Remove
			🗆 Change
MGR	FAITH CURTIS	727 LADNER DR PENSACOLA FL 32505	□Add
			\ \exists Remove
			□Change
AMBR	FAITH CURTIS	727 LADNER DR PENSACOLA FL 32505	2022Add
			ERemove
			∃ □Change J
		- · · · · · · · · · · · · · · · · · · ·	ယ ဘ ⊡Add
			Remove
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	11/06/2020		
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e: If the date inserted in this blo	ck does not meet the applicable	statutory filing requirements,	this date will not be listed a
ument's effective date on the De	partment of State's records.		
ord specifies a delayed effective	date, but not an effective time,	at 12:01 a.m. on the earlier of	(b) The 90th day after the
s filed.			
NOV. 06	2020		
ed	·		
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Filing Fee: \$25.00