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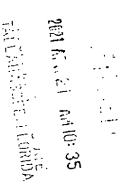
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COVER LETTER

TO: Registratio Division of	n Section Corporations
	VOICE OF AMERICA, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Jeff M. Brown, Esq. (registered agent)
	Name of Person
	Lavalle, Brown & Ronan, P.A.
	Firm/Company
	750 South Dixie Highway
	Address
	Boca Raton, FL 33432
	City/State and Zip Code cmartin@lavallebrown.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Camille Martin	561 395-0000 at ()
Na	ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	or the following amount:
■ \$25.00 Filing Fe	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section Registration Section of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL VOICE OF AMERICA, 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 Company were filed on and assigned L21000108341 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: 2916 SE Waaler Street (Principal office address MUST BE A STREET ADDRESS) Stuart, FL 34997 Enter new mailing address, if applicable: 2916 SE Waaler Street (Mailing address MAY BE A POST OFFICE BOX) Stuart, FL 34997 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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
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ord specifies a delayed effective date, but not an effective filed.	e time, a	t 12:01 a.ı	n. on the	earlier of	:(b) 1	The 90:	th day after t
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9 April 2021 2021 May String Signature of a member or au	· ·						

Filing Fee: \$25.00