

L2100014003

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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THREE VOYAGERS LLC

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## COVER LETTER

TO: Registration Section<sup>1</sup>  
Division of Corporations

SUBJECT: THREE VOYAGERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN CARLOS POSADA QUEVEDO

Name of Person

THREE VOYAGERS LLC

Firm/Company

14013 FAIRWAY ISLAND DR APT 414

Address

ORLANDO, FL 32837

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN CARLOS POSADA QUEVEDO

at (407) 675-0796

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THREE VOYAGERS 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 03/25/2021 and assigned  
Florida document number L21000140003.

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 "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: JUAN CARLOS POSADA QUEVEDO

New Registered Office Address: 14013 FAIRWAY ISLAND DR.APT 414  
*Enter Florida street address*

ORLANDO, Florida 32837  
*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.*

Juan C. Posada Q.  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Carlos Toro Montoya	14013 FAIRWAY ISLAND DR., APT 414	<input type="checkbox"/> Add
		ORLANDO, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juan Carlos Posada Quevedo	14013 FAIRWAY ISLAND DR, APT 414	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Dated 7-16-2021, 2021

Ivan C. Posada Q.  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**