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7/20/21

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: VOITAGE X LLC Name of Limited Liability Company
The enc	Plosed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Melinda Hadgopoulos
	VOITAGE X LLC
	3301 NE 5th Ave U17 Address Miami. FL.
	Miami FL 33/37 Gity/State and Zip Code
	Melinda Hadqo Poulos & Yahoo. Cor
For fur	ther information concerning this matter, please call:
M	Plinda Hadgo PouloS _{at} 784-863-2856 Area Code Daytime Telephone Number - 8
Enclose	Plinda Hadgo PouloS _{at} 780 – 803 – 2850 Name of Person Daytime Telephone Number — 2850 ed is a check for the following amount:
J 82	5.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOHAGE X M	Mami LLC					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100020</u>	were filed on $1000000000000000000000000000000000000$					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab The new name must be distinguishable a contain the words "Limited Liabi						
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3301 NE 5th Ave 4/7 Miami F1,38/37					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3301 NE 5th Ave 10/7 Miami FL, 33/37					
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: 330	nda Hadgopoulas 1 NE 5th AVE, 617 Enter Florida street address					
Mī	ami 33/31					

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 Type of Action **Address** Title Name _ □Change □Remove _ Change \square Add □ Remove \square Add Remove _____ □Change \square Add □Remove

____ □Change

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(If an effi Note:	ve date, if other than the date of filing: AUGUST 771, 20 certive date is listed, the date must be specific and cannot be pror to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements, ent's effective date on the Department of State's records.	after filing.) Po		
he record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ed.	f: (b) The 9	0th day	after the
Dated .	August 7th 2021	0		
	AUGUST 7th. 2021 Melinda Had 90 Signature of a member or authorized representative of a number	VOU!	20	,
	Melinda Hadgopou	201	<u> </u>	_