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COVER LETTER

TO: Registration Se- Division of Corp		•		•	
VOYAGE I	LANDING GROUP LLC		4	· * •	
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	_			
	ADEKUNLE OYEWOLE				
		Name of Person		_	
	VOYAGE LANDING GR	OUP LLC			
		Firm/Company		2022 SEC	
	7901 4TH ST N STE 300			FEB	,,
		Address		· 第 6	1
	ST PETERSBURG, FLOR	RIDA 33702		PH SSE	
	ADEKUNLE265@GMAIL	City/State and Zip Code		2022 FEB 16 PM 3: 08 SECRETARY OF STATE TALL ARASSEE, FL	V
	E-mail address: (to be used for future annual report notific	ation)		
For further information co	oncerning this matter, please ca	all:			
ADEKUNLE OYEWOL	Е	201 540 6453			
Name of	Person	at () Area Code Daytime 1	Felephone Number	r	
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address Registration S Division of C	Section	Street Address: Registration Secti Division of Corpo			
P.O. Box 632	•	The Centre of Tal			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOYAGE LANDING GROUP LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on o ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000000842</u> .	any were filed on $\frac{01/01/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEC
Principal office address MUST BE A STREET ADDRESS	2	
		<u> </u>
		6 PM
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here: Name of New Registered Agent:	ice address on our record	s, enter the name of the new regis
New Registered Office Address:	Enter Florida str	vet address
	ishici 1 ko kat Mi	
	City	, Florida 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>	<u>Address</u>	Type of Action
MGR	SHEFIU SHITTU	7901 4TH ST N STE 300, ST PETERSBURG,	FLORII ■Add
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			☐ Change
			□Add
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			<u>cc.</u> 20 Add 77 22 C
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ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to cook not meet the applicab	date of filing or more the statutory filing req	(optional) nan 90 days after filing.) puirements, this date v	Pursuant to 605.0207 will not be listed as
record specifies a delayed effective d I is filed.	ate, but not an effective time	e, at 12:01 a.m. on th	e carlier of: (b) The	: 90th day after the
FEBRUARY 11TH	2022	. /)		
Dated		$\sim 1/$		
Dated FEBRUARY 11TH Adsi	kunla Oyewola gnature of a member or authoriz	Histo	•	

Filing Fee: \$25.00