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To:

Division of Corporations

Fax Number : (850)617-6383

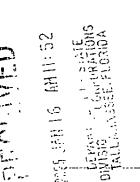
From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	;	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOYAGARR LLC



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2025-01-17 06:42:08 UTC+14

18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

VoyagARR LLC

SUBJECT:

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:

Diego Cruz

	Name of Person		
ZenBusiness INC			
 	l-um/Company		
336 E. College Ave Suite .	301		
Address			
Tallahassee, PL 32301			
	City/State and Zip Code		
fulfillment@zenbusiness.co	om		
E-mail address: (to be used for future annual report not	fication)	
concerning this matter, please co	યો!:		
	844 493-6249		
of Person		Daytime Telephone Number	
he following amount:			
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)	
	Tallahassee, FL 32301 fulfillment@zenbusiness.cc E-mail address: (concerning this matter, please content of Person the following amount: LI \$30.00 Filing Fee &	Pum/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report not concerning this matter, please call:	

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

To:

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2025-01-17 06:42:08 UTC÷14 18506176383 AKTICLES OF AMENDIMENT

TO ARTICLES OF ORGANIZATION OF

VoyagARR LLÜ		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records, mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 2024-02-07	and assigned
lorida document number £24000069661		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	I liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
ater new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		. 2
		125 .
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	5	
		77
		. œ
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, enter the	name of the new regi
tent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
rain (and a Section Carlo Car	Enter Florida street address	
	. Florid	la
	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

From: ZenBusiness User

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Page: 4 of 5 2025-01-17 06:42:08 UTC÷14 18506176383 From: ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the time, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Kyle Everen Moreni	154 Southeast 1st Street Apt 1611 Miami, FL 33131	[]Add
			■Remove
			□Change
MGR	Rakith Aaron Jayewardene	151 SE 1st St. Apt 1611 Miami, PL 33131	= Add
		4	Remove
			□Add
			□Remove
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	ust be specific and cannot be prior block does not meet the applic	to date of filing or more than 90 days afteable statutory filing requirements, the	
the record specifies a delayed effection is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Old IS Midd.			
Dated	2025	 '	
	Javewardene		
Dated 1/15	Javewardene	orized representative of a member	