

07/29/24, 11:27 AM

Division of Corporations

L24000218544

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)

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(((H24000218825 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NJ ACCOUNTING SERVICES CORP
Account Number : 120240000034
Phone : (305)686-2850
Fax Number : (844)587-9637

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

Email Address: njtaxservices22@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREMIUM VOYAGES LLC**

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Corporate Filing Menu

T. LEMIEUX
Help JUN 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

(((H24000218825 3)))

SUBJECT: PREMIUM VOYAGES 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:

SAMIL DOMINGUEZ

Name of Person

PREMIUM VOYAGES LLC

Firm/Company

230 SW 117TH TER UNIT 11-203

Address

PEMBROKE PINES, FL 33025

City/State and Zip Code

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

For further information concerning this matter, please call:

PREMIUM VOYAGES LLC

Name of Person

at (954) 993-8724

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$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 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**

(((H24000218825 3)))

PREMIUM VOYAGES 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 06/19/2024 and assigned

Florida document number 1.24000278544

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)

230 SW 117TH TER UNIT 11-203

PEMBROKE PINES, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

230 SW 117TH TER UNIT 11-203

PEMBROKE PINES, FL 33025

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:

230 SW 117TH TER UNIT 11-203

Enter Florida street address

PEMBROKE PINES

City

Florida 33025

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>	<u>Type of Action</u>
---	_____	_____	<input type="checkbox"/> Add
---	_____	_____	<input type="checkbox"/> Remove
---	_____	_____	<input type="checkbox"/> Change
---	_____	_____	<input type="checkbox"/> Add
---	_____	_____	<input type="checkbox"/> Remove
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---	_____	_____	<input type="checkbox"/> Add
---	_____	_____	<input type="checkbox"/> Remove
---	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 25TH 2024

Samil Dominguez

Signature of a member or authorized representative of a member

SAMIL DOMINGUEZ

Typed or printed name of signee

Filing Fee: \$25.00