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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634~3694

Fax Number

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

Email	Address	

LC AMND/RESTATE/CORRECT OR M/MG RESIGN VIKING FINANCIAL SERVICES, LLC

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D. BRUCE

APR 14 2011

EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIKING FINANCI	AL SERVICE	S, LLC		
(Name of the Limited Liability Com (A Florida Limite	d Liability Company	(A)	•	
The Articles of Organization for this Limited Liability Compa Plorida document number	ny were filed on _	MARCH 31, 2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company l	iore:		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Con	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:			- Allen	
(Principal office address MUST BE A STREET ADDRESS)				
			RA B	
Enter new mailing address, if applicable:			SOFT W	
(Mailing address MAY BE A POST OFFICE BOX)				
			2F 2	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address or <u>sre</u> :	n our records, enter the	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
		Florida		
New Registered Agent's Signature, if changing Registered Ages	City		Zip Code	
rang skerinter ist Apant's dienature, it enknymy Kemitaren Abel	11:			

NEW MERIOTED ASSILTS DISTRICT. II CHRISTING RESILTERED ASCRIT.

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 608, 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 Arent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Address Type of Action Title Name MGRM JONATHAN LEWIS 2525 PONCE DE LEON BLVD □ Add Remove 5TH FLOOR CORAL GABLES FL 33134 RACHEL MORLEY FRANC **MGRM** 2525 PONCE DE LEON BLVD STH FLOOR Ramove CORAL GABLES, FL 33134 MGRM EMERY B. SHEER 2525 PONCE DE LEON BLVD ₽\$A ☑ STH FLOOR ☐ Remove CORAL GARLES EL 33134 Add Remove □Remove Remove D. If amending any other information, enter change(s) here: (Attach odditional sheets, if necessary.) Ö 80 APRIL 11 2011 Dated . Signature of a member or authorized representative of a member EMERY B. SHEER Typed or printed name of signee Page 2 of 2

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MGR = Manager