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COVER LETTER

TO: Registration Section / Division of Corporations		
SUBJECT: Viking Management Croup, 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:		
Irving Weisselberger Name of Person		
Viking Management Group Firm/Company	SE(
48 E Flegler St PH/04 (Alidress	APR 25	T
Miami FL 3313	PH 12:	
E-mail address: To be used for future annual report notification)	·	
For further information concerning this matter, please call:		
Trying Weisselberger at (305) 319-0662 Named of Person Area Code Daytime Telephone Number	-	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		on our records)	
(A F	lorida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liabil	ity Company were filed on	6/2/2014 a	nd assigned
(Namebof 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			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	signation "LLC" or the abbrevia	ion "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		• •
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			ທໍ່.
Enter new mailing address, if applicable:		<u>ja 1</u>	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	0.4	<u>~</u>
		i.iii	-
		our records, enter the r	name of the new
Name of New Registered Agent:			
New Registered Office Address:		. –	
	Enter Florid	da street address	
_		, Florida	
	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

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 = M $AMBR = A$	lanager .uthorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	David Gonzalez	48 E Flogler & PH 104 Miami FL 33131	.¤(Add		
		Miam; FL 33131	□ Remove		
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n effective date is l		t be specific and	cannot be prior to		ore than 90 days a	ptional) fter filing.) Pursuant to (this data will not be b	
cument's effective				ne statutory min	g requirements,	this date will not be l	isicu a
							
record specif he 90th day			ate, but not	an effective	ime, at 12:0	1 a.m. on the ea	rlier c
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Filing Fee: \$25.00