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09/23/15--01006--007 **25.00



COVER LETTER

TO: Registration Division of	i Section Corporations		
VIKING SUBJECT:	G MANAGEMENT GROUP, LLC		
Sobject:	Name of Limi	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Irving Weisselberger		
		Name of Person	
	VIKING MANAGEMENT	r GROUP, LLC	
	•	Firm/Company	
	48 E FLAGLER ST PH 10	04	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	IRVING@DRAGONFLYR		
	E-mail address: (to be used for future annual report noti	fication)
For further information	on concerning this matter, please ca	all:	
IRVING WEISSELF	BERGER	305 319-0662	
Nar	ne of Person	at (at () Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e \$\Bigsiz\$ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIKING MANAGEMENT GROUP, 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 $\frac{06/02/2014}{1}$ and assigned Florida document number L14000087879 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City 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	GONZALEZ, DAVID	1432 EDISON TERRACE	Add
		DELTONA, FL 32725	■ Remove
			Change
		<u> </u>	□ Add
			Remove
		<u> </u>	□ Change
	-		Add
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Pated September 18 , 2015			t not an effec	tive time, at 12:03	l a.m. on the	earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00