LO80000 79545

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COVERLETTER

Registration Section Division of Corporations

TO:

	DEVELOPERS, LLC	×	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	William L. Mueller		
		Name of Person	
	Viking Associates		
		Firm/Company	
	Four Executive Campus, S	uite 100	
		Address	
	Cherry Hill, NJ 08002		
		City/State and Zip Code	
	wmueller@vikinggroup.us		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
William L. Mueller		856 488-2514	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cou	rporations

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

VIKING DEVELOPERS, 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 August 19, 2008 and assigned Florida document number L08000079545 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ŝ B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MGR	Vikco, Inc	4 Executive Campus, Suite 100	= Add
-		Cherry Hill, NJ 08002	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Add
			□Remove
			□Change
			□Add
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			□ Change
			□Add
			Remove
			□Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. 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 d is filed.		· · · · · · · · · · · · · · · · · · ·	 .		
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Filing Fee: \$25.00