

L09000054204

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV - 4 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E Viddal & Associates 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:

Kimberly L. NOH  
Name of Person  
Noh Hassle Bookkeeping  
Firm/Company  
2016 Cricket Lane  
Address  
Valrico FL 33594  
City/State and Zip Code  
Kim.noh@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly L. NOH at 813 731-6367  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**E Viddal & Associates LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 4th of June 2009 and assigned Florida document number L09000054204.

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 end with 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)**

1413 S Howard Ave, Ste 220

Tampa, Florida 33606

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1413 S Howard Ave, Ste 220

Tampa, Florida 33606

**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:**

Kimberley L Noh

**New Registered Office Address:**

11009 Hoffner Edge Drive

*Enter Florida street address*

Riverview

*City*

Florida

33579

*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 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.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**

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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Erlend I Viddal	2111 W Marjorie Ave Tampa, Florida 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Richard T Bienvenue	1848 Springwood Cir N Clearwater, Florida 33763	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jeffrey J Hoffman	28746 Creedence Drive Wesley Chapel, Florida 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Espen Hoffman	3215 W Swann Ave, Apt 9 Tampa, FLorida 33609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 12th of August, 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Erlend I Viddal  
\_\_\_\_\_  
Typed or printed name of signee