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| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
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| Certified Copies Certificates of S | Status |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: UIKING RESIDENTIAL PROPERTIES, 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: |
| Roman Szymansky Name of Person VIKING RESIDENTIAL PROPERTIES Firm/Company Address |
| Ronau Szyn @ Optimum. Net E-mail address: (To be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Roman Szymansky at (973) 2198781 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) 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

| | Residen | HAI PROP | acties | LLC | อ - |
|---|--|---------------------------|--------------------|------------------|----------------------------|
| (<u>Name of the Elimit</u> | ed Liability Company (A Florida Limited Lia | • • • • | | | |
| The Articles of Organization for this Limited Li | | ere filed on | 1/2009 | _ and assigned | d |
| This amendment is submitted to amend the follo | owing: | | | | |
| A. If amending name, enter the new name of | f the limited liabili | ty company here: | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability | Company," the designation | "LLC" or the abbre | viation "L.L.C." | |
| Enter new principal offices address, if applic | able: | <u></u> | | 0 | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | <u> </u> | - 10 % - 10 % - 10 % |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | 7 AH 16: 4:9 | ## |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | ce address on our rec | cords, enter the | e name of the | he new |
| Name of New Registered Agent: | Rom | AN J SZY | nacky | Tn, | |
| New Registered Office Address: | 284 | S NE 3 | ? ST | | |
| | LISHTW | Enter Florida street d | _, Florida | 33064 | <u>/</u> |
| | | City | | Zıp 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, Separature of New Registered Agent

Page 1 of 3

This is JUST AN ANGUESS Charle for Registers Rest 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 $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| Menby | Johnne Szymansky | 2849 NE JOST LEGITHOUSE POINT FL | 33064 |
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| L'ffootiv | e date, if other than the date of filing: | 107 (3 as th |
| Note: 11 | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. | |
| Note: If document the reco | | |
| Note: If document the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier both day after the record is filed. | |
| Note: 16 document the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier both day after the record is filed. | |

Page 3 of 3

Filing Fee: \$25.00