## #11000141989

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12 JAN 26 PH 3: 04
SEGRETARY OF STATE
SEGRETARY OF STATE

KSALY EXAMINER JAN 27 2012



TO:

Registration Section

## **COVER LETTER**

Division of Corporations
SUBJECT: 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:
Tranaria Name of Person
Norsemen L.C. Firm/Company
14858 Phacle 7.
Naples, FL 3419 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TFO NOON at (239) 398-854    Name of Person at (239) 398-854    Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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

## <u>ب</u> .

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JAN 26 PM 3: 04 SECRETARY OF STATE FALLAHASSEE, FLORIDA:

Zip Code

(Name of the Limited Liability Company (A Florida Limited Lia	Y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
,	<del></del>
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 here:	
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	. Florida

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.

City

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>	Name	Address	Type of Action	
<u>Member</u>	Beau Natvig	14858 Pinnacle Pl.	Add Remove	
Member	Tra Natvig	Same	Add Remove	
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Amending titles only				
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Dated AM	10M 23 . 2012	<u> </u>		
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	Tianatvia	r authorized representative of a member		
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Page 2 of 2

Filing Fee: \$25.00