L120000 49383

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



600340893796

プ゚スプ゚ H・つ - 2 PH 2: 32

O COLDEN

COVER LETTER

TO:

Registration Section
Division of Corporations

	PROPERTIES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BARBARA SANJURJO	ESQ	
		Name of Person	
	THE LAW OFFICES OF	BARBARA SANJRUJO PA	
		Firm/Company	
	2630 SW 28 STREET, 9	SUITE 61	
		Address	
	MIAMI, FLORIDA 33133	3	
		City/State and Zip Code	
	orefvik@altatrading.net		
	E-mail address: (to be used for future annual report not	tification)
For further information of	concerning this matter, please o	all:	
BARBARA SANJURJO	0	305 305-9723	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee 1			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ·
•

REFVIK	Propertion	er (C		-2 PH 2: 32
(Name of the Lim	ited LiabNity Compa (A Florida Limited	any as it now appears on a Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L12000048383	iability Company	were filed on <u>4/9/201</u>	2	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		19 Covlee Drive		
		Westport, CT 06880		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	19 Covlee Drive Westport, CT 0688	0	
B. If amending the registered agent and/or agent and/or the new registered office addre	***	address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	BARBARA SA	NJURJO PA		<u></u>
New Registered Office Address:	2630 SW 28 S	STREET, SUITE 61		
		Enter Florida str	reet address	
	MIAMI		, Florida (3313	33
		City		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 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

Page 1 of 3

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>	Address	Type of Action
MRG	OLAV REFVIK	19 Channel cay Road, Key Largo, FL 33037	□ Add
			🗎 Remove
			□Change
MRG RELECCA REFVIK	19 Covlee Drive, Westport, CT 06880	= Add	
		□Remove	
			□Change
			🗆 Add
		□Remove	
			Change
			□Add
			DRemove
			□ Change
			🗆 Add
			□Remove
		□Change	
		□Add	
			□Remove
			Change

Page 2 of 3

	· · · · · · · · · · · · · · · · · · ·
(If an et <u>Note:</u>	tive date, if other than the date of filing: \(\lambda - \lambda - \lambda \) (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	OLAV REFVIK
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00