

L13000095696

(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



100313277771

05/14/18--01038--002 **25.00

FILED
MAY 14 2018
FBI - TAMPA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House of Norway 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:

Thomas Holst
Name of Person
ProCap AS
Firm/Company
Kolleveien 16
Address
Nesoya 1397 Norway
City/State and Zip Code
admin@jandoughtycpa.com
E-mail address: (to be used for future annual report notification)

No changes to current
Annual Filings but client
requires an updated
Article of Organization.

Thanks
Jan

For further information concerning this matter, please call:

Jan Marie Doughty, CPA
Name of Person
321 784-8329
at ()
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**

House of Norway, 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 07/05/2013 and assigned
Florida document number L13000095696.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: No Change

House of Norway, LLC

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)

PROCAP AS, ATTN: THOMAS HOLST

KOLLEVEIEN

N-1397 NESOYA, NORWAY NO

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ProCap AS, ATTN: THOMAS HOLST

KOLLEVEIEN 16

N-1397 NESOYA, NORWAY NO

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: No Change

Name of New Registered Agent:

Jan Marie Doughty CPA LLC

New Registered Office Address:

3000 N ATLANTIC AVE STE 208

Enter Florida street address

COCOA BEACH

City

Florida 32931

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	PROCAP AS	Kolleveien 16	<i>As Listed</i> <input checked="" type="checkbox"/> Add
		N-1397 Nesoya, Norway NO	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

Dated Nesøya 5/1/2018

Signature of a member or authorized representative of a member

Thomas Holst

Typed or printed name of signee _____