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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Registration Section Division of Corporations TO:

SUBJECT:	LYNCOUR	Γ SQUARE PARTNERS, LLC	•	* * * * * * * * * * * * * * * * * * *
		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	i all correspor	dence concerning this matter t	o the following:	
		Jim Stockman		
			Name of Person	Code    Solution   Sol
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2579 SW 87th Drive		
			Address	
		Gainesville, FL 32608		
		Jim@VikingCompanies.org	City/State and Zip Code	
			o be used for future annual report	notification)
For further i	nformation co	ncerning this matter, please ca	11:	
Jim Stockma			352 333-933 at ()	3
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYNCOURT SQUARE PARTNERS, 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  $\frac{08/06/2013}{1}$ and assigned Florida document number \_ 1.13000110994 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 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) 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 on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 t 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHD DEVELOPMENT, LLC	2579 SW 87TH DRIVE	□ Add
		GAINESVILLE, FL 32608	≅Remove
			□Change
MGR	VIKING COMPANIES, LLC	2579 SW 87TH DRIVE	■Add
		GAINESVILLE, FL 32608	□Remove
			□Change
			□Add
			□Remove
			□Change
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		<del></del>	□Add
			□Remove
			□ Chanas

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