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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor					
Viking Cur	rbs LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ole Peitersen				
		Name of Person			
	Viking Curbs LLC				
		Firm/Company			
	20021 Pergola Bend Lane				
		Address			
	Tampa, Florida 33647				
		City/State and Zip Code			
	olepeitersen@yahoo.com	to be used for future annual	and the state of t		
For further information of	concerning this matter, please c		CPOIC HOUSE ACTIONS		
Ole Peitersen		813 549 at ()	1-9690		
Name o	of Person	Area Code	Daytime Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is ene	Certificate of Status &		
Mailing Addre		Street Ac			
Registration Section Division of Corporations			Registration Section Division of Corporations		
D O Pay 633	•		atta of Tallahassaa		

P.O. Box 6327

Tallahassee, FL 32314

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

Viking Curbs LLC	<u> </u>	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our rected Liability Company)	ords.)
he Articles of Organization for this Limited Liability Comp	any were filed on 9/25/15	and assigned
orida document number L15000166687		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		22
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
		PR .
		27
nter new mailing address, if applicable:		D 311
Mailing address MAY BE A POST OFFICE BOX)		
numing universal MAT DE AT OUT OFF THEE BOAT		20
		
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	r . r	
	Enter Florida street ad	aress
		. Florida
	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 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>	Type of Action
AMBR	Diego Hemando Perez	9310 Wellington Park Cic Tampa, Fl 33647	= Add
			□Remove
			□Change
AMBR	Sergio Manuel Duran	18520 Ambly Ln Tampa, Fl. 33647	= Add
			□Remove
		17	Change
	TATE A MASS	Change 2021 Add	
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Typed or printed name of signee