

L16000173300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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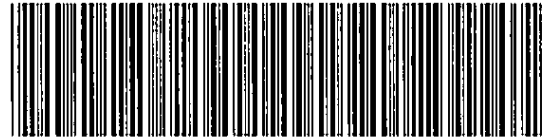
(Business Entity Name)

(Document Number)

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09/20/2021
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2021 SEP 10 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Viking 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:

Eduardo Ernesto Jimenez

Name of Person

None

Firm/Company

1120 102 St App#24

Address

Bay Harbor Is., Florida 33154

City/State and Zip Code

floridaconsulting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo Jimenez

Name of Person

786 287-3998
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
1000 North Florida Avenue
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2021 SEP 10 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Old Viking 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 September 16, 2016 and assigned
Florida document number L16000173300.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same

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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same

New Registered Office Address:

Enter Florida street address

City

Florida

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 the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Eduardo Ernesto Jimenez</u>	<u>1120 102 St</u>
<input type="checkbox"/> Add			<u>Ap#24</u>
<input checked="" type="checkbox"/> Remove			<u>Bay Harbor Is. Florida 33154</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>Juan Martin Arias</u>	<u>1120 102 St.</u>
<input checked="" type="checkbox"/> Add			<u>Ap#24</u>
<input type="checkbox"/> Remove			<u>Bay Harbor Is. Florida 33154</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>X Ernesto Carlos Gonzalez</u>	<u>1120 102 St.</u>
<input checked="" type="checkbox"/> Add			<u>Bay Harbor Is. Florida 33154</u>
<input type="checkbox"/> Remove			<u>1120 102 St.</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>XMartin Alejandro Garcia</u>	<u>1120 102 St.</u>
<input checked="" type="checkbox"/> Add			<u>Bay Harbor Is. Florida 33154</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

None

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 1st 2021

Eduardo Jimenez
Signature of a member of the union

Signature of a member or authorized representative of a member

Eduardo E. Jimenez

Typed or printed name of signee

Filing Fee: \$25.00