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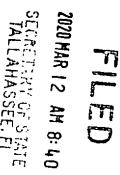
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COVER LETTER

OED DEVELOPMENT, LLC SUBJECT: 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: Jim Stockman Name of Person Firm/Company 2579 SW 87th Drive Address Gainesville, FL 32608 City/State and Zip Code Jim@VikingCompanies.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jim Stockman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations**

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

OED DEVELOPMENT, LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number L1600022427!	were filed on 12/12/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2020 SEC
Enter new mailing address, if applicable:		MAR.
(Mailing address MAY BE A POST OFFICE BOX)		Sy C
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	traat address
	ismer i ismud si	
	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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Svein H. Dyrkolbotn	2579 SW 87TH DRIVE	
		GAINESVILLE, FL 32608	■Remove
			□Change
MGR	VIKING COMPANIES, LLC	2579 SW 87TH DRIVE	■Add
		GAINESVILLE, FL 32608	□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		<u></u>	Change

Effective date, if other than the date of filing: (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 605,9207 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Signature of a mamber greathorized representative of a member Syein H. Dyrkolbotn		
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