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| (Requestor's Name)                      |          |
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| PICK-UP WAIT                            | MAIL     |
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| (Business Entity Name)                  |          |
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| (Document Number)                       |          |
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| Certified Copies Certificates of Sta    | ntue.    |
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| Special Instructions to Filing Officer: |          |
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Office Use Only





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## **COVER LETTER**

TO:

Registration Section Division of Corporations

| 3<br>SUBJECT:   | 217 Gaines   | wille Investment, LLC                        |  |   |  |
|-----------------|--|--|--|---|--|
| SUBJECT: _      |  | Name of Limi                                 | ted Liability Company  | · · · · · · · · · · · · · · · · · · ·   |  |
|                 |  |  |  |   |  |
| The enclosed A  | Articles of A                                      | Amendment and fee(s) are sub-                | nitted for filing.   |   |  |
| Please return a | II correspoi                                       | ndence 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                      |  |   |  |
|                 |  |  | o be used for future annual report noti                                  | itication)  |  |
| For further inf | ormation ce  | oncerning this matter, please co             | all:   |   |  |
| Jim Stockman    | ı  |  | 352 333-9333<br>at ( )   |   |  |
|                 | Name of  | Person                                       | Area Code Daytim   | e Telephone Number  |  |
| Enclosed is a c | check for th                                       | e following amount:                          |  |   |  |
| □ \$25.00 Fil   | ling Fee   | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| Regi<br>Divi    | ing Address<br>istration S<br>sion of C<br>Box 632 | orporations                                  | Street Address:<br>Registration Se<br>Division of Con<br>The Centre of T | rporations  |  |
|                 | ahassee, F   |  |  | 2415 N. Monroe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| pany as <mark>it now appears on ou</mark><br>Liability Company) | r reçords.)  |   |
|---|--|---|
| by were filed on $\frac{6/22/2017}{1}$                          | 7  | and assigned  |
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| bility company here:  |  |   |
| bility Company," the designat                                   | ion "LLC" or the abbrev  | iation "L.L.C."   |
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| e address on our record   | s, <u>enter the name o</u>   | the new register  |
|   | <u>.</u>   |   |
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| Enter Florida str   | eet address  |   |
|   | , Florida  |   |
| City  |  | Zip Code  |
| 1 <u>1</u>  | bility company here:  bility Company," the designate address on our record | Enter Florida street address  Enter Florida street address  Florida |

## 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          | Celebration Pointe Development Partners, |                       |                |
|              |  | Gainesville, FL 32608 | ■Remove        |
|              |  |                       | □Change        |
| MGR          | Viking Companies, LLC                    | 2579 SW 87th Drive    |                |
|              | Gainesville, FL 32608                    | □Remove               |                |
|              |  |                       | □Change        |
|              |  |                       | □Add           |
|              |  |                       | □Remove        |
|              |  |                       | □Change        |
|              |  |                       | □Add           |
|              |  | □Remove               |                |
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| D. If amending any other inform  | ation, enter change(s) h                                       | ere: (Attach additional sh       | rets, if necessary.)  |
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| E. Effective date, if other than the (If an effective date is listed, the date management) If the date inserted in this document's effective date on the | ust be specific and cannot be p<br>block does not meet the app | olicable statutory filing requir | (optional) 90 days after filing.) Pursuant to 605.0207 (3) rements, this date will not be listed as the |
| If the record specifies a delayed effect record is filed.  | ive date, but not an effectiv                                  | re time, at 12:01 a.m. on the e  | arlier of: (b) The 90th day after the   |
| Dated February 10  | 2020   |                                  |   |
|  | 1/2/   |                                  |   |
|  | Signature of amember or a                                      | uthorized representative of a me | mber  |
| /<br>Svein H. Dyrkolbotn   |  | ·                                |   |

Typed or printed name of signee