1/70002/7609

(Re	equestor's Name)	
(Ad	dress)	<u>. </u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500304785285

10/28/17=-01001=-002 **25.00

2017 OCT 25 AN 8: 39

17 OCT 25 PM 3: 18

K SALY OCT 2 : 2017

CORPORATE ACCESS, _

When you need ACCESS to the world

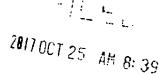
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN
	PICK UP: 10-25
	CERTIFIED COPY
Þ	РНОТОСОРУ
	cus
X	FILING
1.	1187 Hillsboro Mile 3W LLC (CORPORATE NAME AND DOCUMENT #)
2.	(CORPORATE NAME AND DOCUMENT #)
3.	(CORPORATE NAME AND DOCUMENT #)
4.	(CORPORATE NAME AND DOCUMENT #)
5.	(CORPORATE NAMÉ AND DOCUMENT #)
6.	
	(CORPORATE NAME AND DOCUMENT #)
SPECI	AL INSTRUCTIONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	1187 HILLSBORO MILE 3W L	IC WITH TOO S AND
(Name of the Limited) (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on Octob	er 20, 2017 and assigned
Florida document number <u>L17000217609</u>	,	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	el address
-	City	, 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 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR_	ProCap AS	Kolleveien 16	□ Add
		1397 Nesoya, Norway	₩ Remove
			☐ Change
AMBR Thomas	Thomas Christoffer Holst	Kolleveien 16	_
		N-1397 Nesoya, Norway	Remove
			Change
			O Add
			Add Remove 23
			Change
			Add ?
			Remove
			Change
			Remove
		-	□ Change
			Add
			□ Remove
			□ Change

	
	2017 9CT 25 AM
	AH
	FALLAH ARTON S.
·	
Tective date, if other than the date of filing an effective date is listed, the date must be specific and ote: If the date inserted in this block does not more produced by the date on the Department of S	I cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 neet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective d The 90th day after the record is filed.	date, but not an effective time, at 12:01 a.m. on the earlier
ated October 25 .	. 2017
(X 15 10)	Howard representative of Thoma Muitoffer Sol

<u>Crant W. Kehres, authorized representative of Thomas Christoffer Ho</u>lst
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00