

L17000217609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

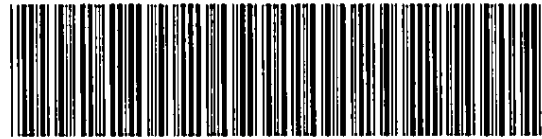
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/18--01038--015 **25.00

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19 MAY 14 AM 9 44

RECEIVED
MAY 14 2018
CLERK OF SUPERIOR COURT
JULIA A. BROWN

O SIMMONS
MAY 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1187 Hillsboro Mile 3W 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:

Thomas Holst

Name of Person

ProCap AS

Firm/Company

Kolleveien 16

Address

Nesoya 1397 Norway

City/State and Zip Code

admin@jandoughtycpa.com

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

*No changes to current
Annual Filing, but client
requires an updated
Article of Organization
Thanks
for*

For further information concerning this matter, please call:

Jan Marie Doughty, CPA

321 784-8329
at ()

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1187 Hillsboro Mile 3W 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 10/20/2017 and assigned
Florida document number L17000217609.

This amendment is submitted to amend the following:

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

1187 Hillsboro Mile 3W LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

PROCAP AS, Attn: Thomas Holst

Kolleveien 16

N-1397 Nesoya, Norway NO

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PROCAP AS, Attn: Thomas Holst

Kolleveien 16

N-1397 Nesoya, Norway NO

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:

Jan Doughty CPA LLC

New Registered Office Address:

3000 N Atlantic Ave #208

Enter Florida street address

Cocoa Beach

City

Florida 32931

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.

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ProCap AS	Attn: Thomas Holst	AS LISTED <input checked="" type="checkbox"/> Add
		Kolleveien 16	<input type="checkbox"/> Remove
		N-1397 Nesoya, Norway NO	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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18 MAY 11 AM 5 1/2

FILED
MAY 11 AM 9:44
18

(If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated Nesoya 5/1/2018

Signature of a member or authorized representative of a member

Thomas Holst

Typed or printed name of signee