217000220465

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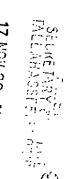


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COVER LETTER

TO:	Registration Se Division of Cor			
CHIDI	N604PT, L			
SUBJ	ECT:		ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Jim Stockman		
			Name of Person	
		James J. Stockman, Attorn	ey At Law	
			Firm/Company	
		2579 SW 87th Drive		
		<u> </u>	Address	· · · · · · · · · · · · · · · · · · ·
		Gainesville, Florida 32608		
			City/State and Zip Code	
		jim@vikingcompanies.org		
			to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Jim S	tockman		352 415-8014	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
₽ \$2	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

N604PT, LLC		17
(Name of the Limited L	Liability Company as it now appears on our records.) Florida Limited Liability Company)	AON TOWN
The Articles of Organization for this Limited Liabi Florida document number L17000220465		and assigned
This amendment is submitted to amend the following	ng:	7: 34
A. If amending name, enter the new name of th	e limited liability company here:	(6)
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A		·
Enter new mailing address, if applicable: (Mailing 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		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter Florida street address	
_	Florida	
	City	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 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>	Address	Type of Action
MGR	Viking Companies. LLC	2579 SW 87th Drive	
		Gainesville, Florida 32608	■ Remove
			Change
MGR	Heather W. Dyrkolbotn	2579 SW 87th Drive	■ Add
		Gainesville, Florida 32608	□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
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			Remove
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ffective date, if other than the an effective date is listed, the date mu	e date of filing:		(optional)	
an effective date is listed, the date mu- lote: If the date inserted in this blocument's effective date on the D	lock does not meet the ap	oplicable statutory filing	requirements, this date will	suant to 605,0207 (not be listed as th
e record specifies a delayed The 90th day after the rec	d effective date, but ord is filed.	not an effective ti	me, at 12:01 a.m. on t	the earlier of:
November 14	2017			
	Heather	Dyrkolbotn		

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Filing Fee: \$25.00