

L18000054168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

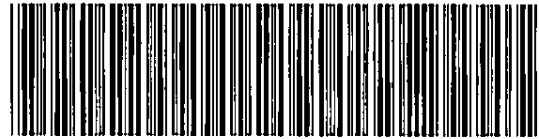
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

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OCT 20 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BREMBERG OLAFSSON 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:

KEVIN REDLING

Name of Person

HARDING BELL INTERNATIONAL INC

Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33823

City/State and Zip Code

SUSAN.HARDING@HBITAX.COM

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

For further information concerning this matter, please call:

KEVIN REDLING

863 968-1010  
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

*Wai*

**BREMBERG OLAFSSON LLC**

Page 1 of 3

*11/11/11*

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>
MGR	ERIC BREMBERG	FUNASGATAN 36	<input type="checkbox"/> Add
		VALLINGBY, SE 16273 SE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SKAFTI HARDARSON	VESTURSTROND 21	<input checked="" type="checkbox"/> Add
		IS-170 SELTJARNARNES	<input type="checkbox"/> Remove
		REYKJAVIK, ICELAND	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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*W*

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

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10

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**If 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 record is filed.

Dated SEPTEMBER 24TH 2018

*W. O. Lawrence*

OLAFSSON MAGNUS - AUTHORIZED MEMBER

Typed or printed name of signee