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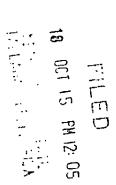
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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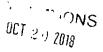
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COVER LETTER

TO:	Registration S Division of Co				
SUBJEC	BREMBEI	RG OLAFSSON LLC			
		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub ordence concerning this matter			
		KEVIN REDLING			
			Name of Person		
	HARDING BELL INTERNATIONAL INC				
			Firm/Company		
	113 PONTOTOC PLAZA				
			Address	· · · · · · · · · · · · · · · · · · ·	
		AUBURNDALE, PL 338	23		
			City/State and Zip Code		
		SUSAN.HARDING@HBI			
For furth	er information o	oncerning this matter, please o	to be used for flature annual report notif	ication)	
	REDLING		863 968-1010		
_	Name o	(Person		: Tetophone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting For & 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 Taliahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taflahasace, FL 32301

Jul 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREMBERG OLAFSSON LLC		
(Name of the Line	ted Liability Company as it now aso (A Florida Limited Liability Company	ears on our records.)))
The Articles of Organization for this Limited L	iability Company were filed on	MARCH 5TH, 2018 and assigned
Florida document number L18000054168	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new mame o	of the limited liability company	here:
The new name usuat be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	5 1
Enter new malling address, if applicable:		PM 12
(Mailing address MAY BE A POST OFFICE BOX)		in the second se
B. If amending the registered agent and resistered agent and/or the new registered of	office address here:	on our records, enter the name of the new
Name of New Registered Agent:	HARDING BELL INTERNAT	MONAL INC.
New Registered Office Address:	113 PONTOTOC PLAZA	
	Enter i	Florida street address
	AUBURNDALE	, Florida 33823
	City	Zip Code

New Registered Agent's Shansture, 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 Streature of New Resistered Agent

Page 1 of 3

Led

If amending Authorized Person(s) authorized to manage, gater the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ERIC BREMBERG	FUNASGATAN 36	
		VALLINGBY, SE 16273 SE	II Remove
			Change
AMBR	SKAFTI HARDARSON	VESTURSTROND 21	Add
		IS-170 SELTIARNARNES	Remove
		REYKJAVIK, ICELAND	Change
			Remove
			Change
			OAdd = 1
			Change S T.
			□ Change
			CJ Add
			Remove
			☐ Change
			CI Add
			C Remove
			☐ Change

. If amending any other information	, enter change(s) he	re: (Attach addit	rianal sheets, if necesso	3 7y.)	
N/A					
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Effective date, if other than the dat (if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be pr does not meet the app	licable statutory fil		ing.) Pursuant to 605.020	7 (3)(b) s the
the record specifies a delayed et) The 90th day after the record	fective date, but it is filed.	not an effective	e time, at 12:01 a.n	n. on the earlier o	of:
Dated SEPTEMBER 24TH	2018	_			
	() P. 1	_ .			
Sign	nature of a magnitur or a	thorized representati	ve of a member	· <u></u>	
OLAFSSO	N MAGNUS - AUTH	ORIZED MEMBE	R		
OLAFSSON	N MAGNUS - AUTH	ORIZED MEMBE			

Page 3 of 3

Filing Fee: \$25.00