

L18000138261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

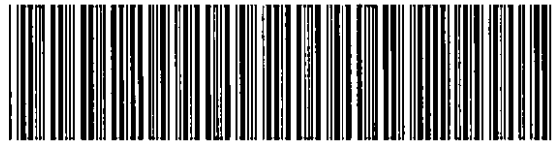
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/18--01018--007 **25.00

FILED
18 AUG 30 PM 2:59
IN EXCHANGE DIVISION

ONS
2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

DANA BLOMSETH
20010 SW 112 AVE
MIAMI, FL 33189

SUBJECT: NORDIC & SONS ALL PHASE MAINTENANCE AND REPAIR, LLC
Ref. Number: L18000138261

We have received your document for NORDIC & SONS ALL PHASE MAINTENANCE AND REPAIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 518A00017024

22

2018 AUG 30 PM 12:06

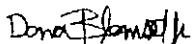
NORDIC & SONS ALL PHASE MAINTENANCE AND REPAIR, LLC
20010 SW 112 AVE MIAMI FL 33189

Date: 08/08/2018

To whom I may concern

Please advised that we want to add Sten Wilmot Iversen Blomseth as an authorized person (AP) and Gary Blomseth need to be added as anMGR. Physical address is 5212 Hollycrest Drive Jacksonville FL 32205 for both of them . Please do not removed Dana Blomseth as an register Agent. Attached is the complete cover letter and fee. Any question feels free to contact us.

Thank you in advanced

DocuSigned by:

C8597FD75A3A4AB
Dana Blomseth

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nordic and Sons All phase maintenance and Repair 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:

Dana Blomseth
Name of Person

and
Nordic Sons All phase maintenance and Repair LLC
Firm/Company

20010 SW 112 AVE
Address

Miami, FL, 33189
City/State and Zip Code

Nordicandsons@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Blomseth at (786) 316-6104
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Nordic and Sons All Phase Maintenance and Repair 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 _____ and assigned
Florida document number L18000138261.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

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	Sten Wilmot Iversen Blomseth	5312 Hollycrest Drive Jacksonville, FL 32205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		5312 Hollycrest Drive	<input type="checkbox"/> Change
MGR	Gary Blomseth	5312 Hollycrest Drive Jacksonville, FL 32205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAY 30 PM 3:30
JUL 11 2011
JUL 11 2011

18 AUG 30 PM 3:00
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

FILED
AUG 30 PM 3:00
18
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

Effective date, if other than the date of filing: 01/25/2016 (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)

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 August 23, 2018

Dana Blomsoth
Signature of a member or authorized representative of a member

Dana Blomseth
Typed or printed name of signer