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2019 JUL -5 PH 4: 52

C. GOLDEN

JUL 1 8 2019

COVER LETTER

TO: Registration S Division of Co			
Viking 2, SUBJECT:	LLC		
		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph M. Balocco, Jr.		
		Name of Person	
	Joseph M. Balocco, Jr., P.	Α.	
		Firm/Company	
	4332 E Tradewinds Avenu	• •	
		Address	-
	Lauderdale-by-the-Sea, FI	. 33308	
		City/State and Zip Code	
	pmctigue@aol.com	·	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Joseph M. Balocco, Jr.		954 530-4731 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

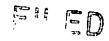
MAILING ADDRESS:

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



Viking 2, LLC

2019 JUL -5 PH 4:52

(<u>Name of the Limited Liability (</u> (A Florida Lii	<u>Company as it now appears on our records.</u>) mited Liability Company)	."
The Articles of Organization for this Limited Liability Com- Florida document number $\frac{L19000148757}{L19000148757}$.	apany were filed on 6/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	f liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:	P.O. Box 350502	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale,F L 33335	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, shere:	enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Flori	· · ·
	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>	<u>Address</u>	Type of Action
MGR	Patrick E. McTigue	1001 E Las Olas Blvd #200 Fort Lauderdale, FL 33301	Add
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			Remove
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on the	must be specific a is block does not	nd cannot be prior meet the applica	to date of filing or mable statutory filin	opt: ore than 90 days afte g requirements, th	ional) r filing.) Pursuant to 605,020 is date will not be listed a
e record specifies a dela The 90th day after the	yed effective record is filec	date, but not I.	t an effective t	ime, at 12:01	a.m. on the earlier o
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 ,	Will Sand	mamba- a	rized representative		