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Some

COVER LETTER

Division of Corp	porations		
SUBJECT:	Norse Se	Cryices UC ited Liability Company	<u></u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dav	Name of Person	
	Nors	Name of Person Services U Firm/Company	<u>C</u>
	relear r	VIIION BECK LI	n Apt 201
	Braden	ton, FU 3400 City/State and Zip Code	2
	dkbark	CCV 35 @ GVVTQ) \ Co be used for future enhual report notific	No.
For further information co	oncerning this matter, please ca	•	Lanon,
Name of	Person	at (941) 730 - (Co (0 7 2 Telephone Number
Enclused is a check for th	e following amount:		
/	□ \$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 (#dditional copy is enclosed)

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

Morse 9					
(<u>Name of the Limited Lia</u> (A Flor	rida Limited Li	y as it now appears ability Company	ars on our recoi	<u>(d+</u>)	
The Articles of Organization for this Limited Liability	_	vere filed on _	7-30-	19	and assigned
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the li	imited liabil	ity company	<u>here</u> :		
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company," the	designation "LL	.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		4610	Willow	N B	eck La
(Principal office address MUST BE A STREET AD	DRESS)	Apr 3	01		3422 g
		Prade		EL_	34203
Enter new mailing address, if applicable:					· · ·
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office a			on our record	ds, <u>enter</u>	the name of the new
Name of New Registered Agent:	Davici	36-	lee/		
New Registered Office Address:	0191 N	J. NOW Enter Fi	Beck l	سرسرو	Apr 201
	Brade	nton	, F	lorida	3400 2 Zip Code
		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.

f Changing Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	David Barker	Celay Willow Beck Lo	🖸 Add
		Apr 201	☐ Remove
		Bradenton, FL 3400	Ohange
MOR	1004 Barry	6194 WILLOW Beck LA	□ Add
		Apt 801	□ Remove
		Bradentun, FL 34 200	☐ Change
			O Add
			☐ Remove
			Change
			🗆 Adđ
			Change
			D Add
			🗖 Remove
			Change
		A. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Add
			□ Remove
			🗆 Change

or removed from our records:

	· · · · · · · · · · · · · · · · · · ·
Effac	tive data if other than the data of filing: $\nabla = \sum_{i=1}^{n} C_i$ (entional)
(lfanc	tive date, if other than the date of filing: 8-34-15 (optional) Rective 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)(
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	e 90th day after the record is filed.
	Λ Σ
Dated	August 2019.
	3 Pay
	h Pay
	Signature of a member of authorized representative of a member
	David Rox Ver Typed or printed name of signee

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Filing Fee: \$25.00