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C. BRUMBLEY

COVER LETTER

Divisior	of Corporations	
SUBJECT: ^{Fje}	stedt Enterprises, LLC	
	Name of Limited Liability Company	
The enclosed Art	cles of Amendment and fee(s) are submitted for filing.	
Please return all (orrespondence concerning this matter to the following:	
	Sean Fjellstedt	
	Name of Person	
	Fjellstedt Enterprises, LLC Firm/Company	
	Firm/Company	
	16236 Rambling Rd Address	
	Odessa, Florida 33556 City/State and Zip Code	
	seantjellstedt@gmail.com E-mail address: (to be used for future annual report notification)	
For further infor	ation concerning this matter, please call:	
Sean Fjellstedt	at (847) 309-4858 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	k for the following amount:	
\$\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py
Mailing	Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fjellstedt Enterprises, 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 February 07, 2020 and assigned Florida document number L200000045526 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Viscarbrev Holding 1-1.69 Viscar Srey Holding LLC

The new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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Page 2 of 3

Note	tive date, if other than the date of filing:
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	10/31/2021 626
Date	
Date	52(
Date	Signature of a member or authorized representative of a member