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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Y. SCOTT MARCHAID 4/6/22

COVER LETTER

Division of	Corporations	
SUBJECT:	The Little	River Company LLC
50tm(.c	Name of Lis	nuted Liability Company
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.
Please return all con	respondence concerning this matte	r to the following:
	Sam	Potnam
		Name of Person
		Firm/Company
	The Little River Company Name of Lineted Liability Company these of Amendment and feets) are submitted for filling. Sam Rot Nam Name of Person Firms Company 73 Ny 715 T Street Address Sam City State and Zip Code Sam City State and Zip Code Sam City State and Zip Code The Little River (D. Company) Bonail address. (to be used for fitter annual report to difficultion) action concerning this matter, please call: Paraww In (954), 775 - 6621 For including amount: Fee Sam Certificate of States Certified Copy (additional copy is enclosed) Address: Address: Address: Street Address: Registration Section Division of Corporations No 6327 The Centre of Tallahassee	
		ed for filing. The following: The Man Manne of Person Firms Company The Struct Address FL 33157 The Cit + 1 C Pinct (D. Company) at (454) 775 - 6621 Area Code Daytime Telephone Number The Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations
	Division of Corporations JECT: The Little Rivet Company Included Articles of Amendment and feets) are submitted for filing. Sam Ritham Name of Financian and feets) are submitted for filing. Sam Ritham Name of Person Financian party Address Little Rivet Company Sam Ritham Name of Person Financian party Area Code Daysime Telephone Number Filing Fee. Certificate of Status & C	
	Sam (@ The Li+the River (D. COM DED)
	E-mail address	(to be used for fittere annual report notification)
For further informat		call:
Jan T	Pinam	1954 775 - 6621 ESS 3
	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$\$25.00 Filing F		Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
P.O. Box	: 6327	The Centre of Tallahassee
Tallahas	see, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Little Priver	(ompany LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as i <u>t now appears on our records.)</u> Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2000116432}{}$	were filed on $\frac{4/29/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
0++0 Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
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 acagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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	Viking Global LLC	73 NW 71st Strat	🗆 Add
		Miamin, FL 33150	Remove
			□Change
MGR Krist Dan Olafsbor	KristJan Olafsbon	73 NW 71st Strat	XAdd
		Miumi, FL 33150	□Remove
			DChange
			□Add
		SECRETAS TALLAH	2022 HAR 2 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
	RETARY OF STATE	P □ (T) □ (C) □ (
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	or more than 90 days after filing.) Pt	arsuant to 605,020 Il not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a d is filed.	i.m. on the earlier of: (b) The 9	Oth day after the
Dated February 3 2022		

Filing Fee: \$25.00