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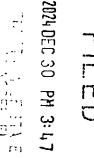
(Requestor's Name)
(Address)
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(133.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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December 20, 2024

Direct Dial: 320-656-3521 Sbrown@RinkeNoonan.com

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

SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Re: Jurseth Enterprises, LLC Our File No. 32842-0001

Dear Sir or Madam:

Enclosed for registration as a foreign limited liability company, please find the following documents regarding Jurseth Enterprises, LLC, a Florida limited liability company:

- 1. Cover Letter with attached Articles of Amendment to Articles of Organization: and
- 2. Check no. 88758 in the amount of \$30.00 for the filing fee and the Certificate of Status.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely.

Stefanie L. Brown

Enclosures

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
	terprises, LLC		
N BJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase return all corresp	ondence concerning this matter	to the following:	
	Stefanie L. Brown		
		Name of Person	
	Rinke Noonan		
		Firm/Company	
	1015 W St. Germain Stree	t. Suite 300	
		Address	
	St. Cloud, MN 56302		
	-	City/State and Zip Code	
	sbrown@rinkenoonan.com	to be used for future annual report notif	
For further information of	concerning this matter, please c	·	(Caraott)
Stefanie L. Brown		320 251-6700	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec	
Division of C	Corporations	Division of Corp	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jurseth Enterprises, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our reco Liability Company)	orits.)
The Articles of Organization for this Limited Liability Company	were filed on 09-29-2020	and assigned
Florida document number L20000307021		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Vquasnirt Adventures, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L1	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 202
(Principal office address MUST BE A STREET ADDRESS)		
		(C)
Enter new mailing address, if applicable:	7336 Niemi Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Lake Shore, MN 56468	
		ni 🗸
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	_	.
 -	F	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		·
——————————————————————————————————————	ee to act in this capacity. I f	further agree to comply with th

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

Title	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			Change
	+1		
			🗆 Remove
		<u></u>	□Add
			□Remove
			□Change
			🗆 Add
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this bloamment's effective date on the De	ick does not meet the app	licable statutory filing	(optional) ore than 90 days after tiling g requirements, this date	.) Pursuant to 605,020 will not be listed a
cord specifies a delayed effective	date, but not an effective	e time, at 12:01 a.m. c	on the earlier of: (b) Th	e 90th day after the
s tiled.				
s tiled.	2024		1	
s tiled.	. 2024	<u> </u>	<i>,</i>	
s filed. December 20	Signature of a member of a	A M		

Filing Fee: \$25.00