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COVER LETTER

endieæ.	Viking's Alli	gator Investments LLC		
SUBJECT:				
The enclosed	i Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Edilene Johansson		
			Name of Person	
Viking's Alligator Investments LLC				
Firm/Company				
		1987 N Harbor City Blvd		
Address				
		Melbourne, FL 32935		
City/State and Zip Code				
		abbybvva@gmail.com		
		E-mail address: (to	o be used for future annual report t	notification)
For further i	nformation co	oncerning this matter, please ca	11:	
Edilene Joh	ansson		321 378-5388	3
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is	a check for th	e 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

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

Street Address: 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

Viking's Alligator Investments LLC		_		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/22/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if applicable:	1987 N Harbor City Blvd			
(Principal office address MUST BE A STREET ADDRESS)	Melbourne, FL 32935			
Enter new mailing address, if applicable:	1987 N Harbor City Blvd			
(Mailing address MAY BE A POST OFFICE BOX)	Melbourne, FL 32935			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	the new registered		
	City	p Capte - F		
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 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
<u>.</u>			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
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(If an ef Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Sept 27, 2022
	Signature of a member or authorized representative of a member
	Edilene Johansson Typed desprinted name of signee