

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

L22000402652

((H240002129623))



H240002129623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SA FINANCE & ACCOUNTING INC.  
Account Number : I20190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VIKING GRILL LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

SECRET  
TALLAHASSEE, FLORIDA

2024 JUN 21 AM 4:34

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Corporate Filing Menu

Help

K. SALY

JUN 24 2024

We  
doc  
ref

On  
June 20, 2024  
RE:



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VIKING GRILL LLC  
5010 LIGHTERWOOD CT.  
OCOE, FL 34761US

SUBJECT: VIKING GRILL LLC  
REF: L22000402652

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The company listed as registered agent must read as it does on our data base. Please replace the "&" with the word "AND".

RE:

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H24000212962  
Letter Number: 224A00013464

To

By

RE:

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: VIKING GRILL LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Maria C Sousa Neiva

Name of Person

SA Finance & Accounting Inc

Firm/Company

5728 Major Blvd Ste 307

Address

Orlando Florida 32819

City/State and Zip Code

Licenses@safinacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa

at ( 407 )

8007028

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
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 GRILL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed 09/15/2022 and assigned  
on Florida document number L22000402652

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 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:

SA FINANCE and ACCOUNTING INC

New Registered Office Address:

5728 MAJOR BLVD STE 307

*Enter Florida street address*

ORLANDO

*City*

Florida

32819

*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.*

Maria C Sousa Neiva

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>	<u>Type of Action</u>
AMBR	SEBASTIAO CEZAR RIBEIRO	14523 BLACK LAKE PRESERVE ST	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ester Alicia Araujo	10436 SIDDINGTON DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRETARIAT OF FLORIDA  
TALLAHASSEE

FILED

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

- (If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 11, 2024

Signature of a member or authorized representative of a member

ANDRESSA ARAUJO

Typed or printed name of signee