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(Requestor's Name)	
(Address)	
(Address)	—
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Dusiness Entity Harrie)	
(Document Number)	
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SECLETARY OF STATE

PLOCT 30 PM 5:

COVER LETTER

TO: Registration So Division of Con			
PETER OF SUBJECT:	LONDON I, L.L.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUSENIA BEATO		
		Name of Person	
		Firm/Company	
	11609 N KENDALL DR		
		Address	
	MIAMI FL 33176		
		City/State and Zip Code	
	lubeato@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual repo- all:	rt notification)
Lusenia Beato		305 619086 at ()	8
Name o	f Person		aytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration S Division of C		Registration of	n Section Corporations
P.O. Box 632	-		of Tallahassee
Tallahassee, l	FL 32314	2415 N. Me	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our r nited Liability Company)	ecords.)	
pany were filed on 02/21/2008		and assigned
liability company here:		
Liability Company," the designation	"LLC" or the abbrev	iation "L.L.C."
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fice address on our records, <u>e</u>	pter the name of	the new registe
Enter Florida street a	ddress	
City	ROMO8 2	Lip Code
	liability company here: Liability Company," the designation S) Enter Florida street a	S) Enter Florida street address Florida

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 occurs over removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	CRISTIAN FERNANDEZ	11609 N KENDALL DR MIAMI, FL 33176	□ Add
			≡ Remove
			□Change
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			□ Add
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mending any other information		,	9
			
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ctive date, if other than the date effective date is listed, the date must be set of the date inserted in this block of ment's effective date on the Depart	specific and cannot be prior to does not meet the applicable		
ord specifies a delayed effective dat filed.	te, but not an effective time	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after th
OCTOBER 25TH	2024		
Nion Cion	nature of a member or authors	ed representative of a member	
Sign		11a Bec	