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11 JUL -8 AN IO: 20
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Co	orporations		
SUBJECT:	LONDON PROPER	RTY INVESTMENTS, LL	С
	Name of Lim	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		DAVID HUPPERT	
		Name of Person	
		Firm/Company	
	1	7611 SW 48 STREET	
		Address	
	SOUTH	WEST RANCHES, FL 33331	
	DAM	City/State and Zip Code	
		D@HUPPERTCPA.COM to be used for future annual report notificate	tion)
For further information	concerning this matter, please c	all:	
David	Lupper t	at (<u>954) 434 - 48/</u> Area Code & Daytime T	de la bara Number
Name	or ryrson	Area Code & Daytime 1	esephone Number
Enclosed is a check for	the 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 11 JUL -8 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

LONDON PROPERTY INVESTMENTS, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Company were filed on	05/19/2011	and assigned
Florida document numberL1100005	9501		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	- 		
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on		
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street add	ress
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing	•		-

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address MGR DANIEL ANYSZ 17001 COLLINS AVENUE Add Remove SUNNY ISLES BEACH, FL 33160 ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove \square Add Remove SECRETARY OF STATE TALLAHASSER, FLORIDA D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

DAVID HUPPERT
Typed or printed name of signee

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Filing Fee: \$25.00