115000145584

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



900290502689

09/26/16--01024--018 **25.00

SEP 2 7 2016 S. YOUNG FILEU FILEU STATE SECRETARY OF STATE TALLAHASSEE, FLOTIUM

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: London Variable Value VC 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:
E. J. An Name of Person
London Management Corp Firm/Company
60 W. 38th Street Suite 6W1
Namy M 10018 City/State and Zip Code
City/State and Zip Code
For further information concerning this matter, please call:
To January Area Code Daytime Telephone Number at (212) 753 - 6119 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\(\text{Certificate of Status} \) \$55.00 Filing Fee \$\(\text{Certified Copy} \) (additional copy is enclosed) \$\(\text{Certified Copy} \) (additional copy is enclosed)

MAILING ADDRESS:

. .

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**

The Article's of Organization for this Limited Liability Company were filed on 08 25 2015 and assigned Florida document number L15000 H5584. 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Enter Florida Tip Code New Registered Agent: Signature, if changing Registered Agent:	(Name of the Limited Limited (A Florida Limited	inv as it now appears on our records.) Liability Company)
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: New Registered Office Address: Enter Florida street address City Tip Code		y were filed on 08 25 2015 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 active registered agent and/or the new registered office address here: New Registered Office Address: Enter Florida street address Enter Florida	This amendment is submitted to amend the following:	
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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	A. If amending name, enter the new name of the limited lial	bility company.here:
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (CD L ON MANAGEMENT COP) (Mailling 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: New Registered Office Address: Enter Florida street address City Zip Code	The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
(Mailing address MAY BE A POST OFFICE BOX) 10 W. 35		Clo Lordon Management Corp. 60 W. 38th Street, Suite 6W1 NewYork, WY 10018
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	• • • • • • • • • • • • • • • • • • • •	010 London Management Corp 100 W. 38 th Street, Suite Lew 1 New York, NY 10018 5
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code		re:
New Registered Office Address: Enter Florida street address Florida City Zip Code	Name of New Registered Agent:	الله الله الله الله الله الله الله الله
Enter Florida street address , Florida City Zip Code	New Registered Office Address:	5
City Zip Code		Enter Florida street address
,	— 1777—17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	Nov Desirence Appello Grandon William Co. Building to	·

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 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>	Address	Type of Action
	***************************************		.1 Add
		***************************************	☐ Remove
			C) Change
			[] Add
			্ ন Remove
			i Change
			i Change
			P Remove o
			Remove of the Change of the Ch
· · · · • • • • • • • • • • • • • • • •			
			[] Change
	-		Add
			11 Remove
			Cl Change
			[] Add
			CI Remove
			. Change

							_
-		·					
							_
			-				
							_
			 		····		
							-
***************************************							_
					<u> </u>		हों
							SE
							_8
							_ 73 _ 73 _ 0
							_ ‹
							-
							_
tive date,	if other than the	date of filing: _			(opti	onal)	
if the dat	is listed, the date mus e inserted in this blo	ock does not meet	the applicable	te of filing or more statutory filing r	than 90 days after equirements, thi	r filing.) Pursuant to s date will not be	605.020 listed a
ment's erre	ctive date on the Do	epartment of State	s records.				
	cifies a delayed		, but not ar	effective tim	e, at 12:01 a	a.m. on the ea	rlier o
e 90th di	ay after the reco	ord is filed.					
.	9/21/2016						
		<u> </u>	7				
		11 📏	/ N				

Page 3 of 3

Filing Fee: \$25.00