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| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special institutions to 7 ming officer. |
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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|---|---|--------|
| LONDAD' | S LLC | | | |
| SUBJECT. | Name of Lim | ited Liability Company | | |
| | Amendment and fee(s) are sub | _ | | |
| | MARSHA SIHA | | | |
| | . | Name of Person | | |
| | INCFILE.COM LLC | | | |
| | | Firm/Company | | |
| | 17350 STATE HWY 249 | STE 220 | | |
| | | Address | | دع |
| | HOUSTON, TX 77064 | | | 1 7 |
| | EFILE1234@INCFILE.CO | City/State and Zip Code | - | |
| | E-mail address: (| to be used for future annual report notif | ication) | 5 |
| For further information of | concerning this matter, please co | all: | | 9 |
| MARSHA SIHA | | 855 829-9090 at () | | C |
| Name o | of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for t | he 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 Sta Certified Copy (additional copy is er | atus & |
| M. II | INC ADDRESS. | STREET/COUDIN | ED ADDDESS. | |

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

| | LONDAD'S LLC | |
|--|--|---------------------------------------|
| (Name of the Limited Li (A Fi | ability Company as it now appears on our orda Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liabili Florida document number L18000008549 | ity Company were filed on 01/10/2013 | and assigned |
| This amendment is submitted to amend the followin | g: | |
| 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 | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| Enter new mailing address, if applicable: | | - 7 |
| (Mailing address MAY BE A POST OFFICE BOX | ე | , â |
| | <u></u> | |
| | - | N) 1 |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | | |
| | | Ç. |
| Name of New Registered Agent: | | <u></u> |
| New Registered Office Address: | | |
| | Enter Florida stree | t address |
| _ | | , Florida |
| _ | City | 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.

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> AMBR | <u>Name</u> ROBERT D MOBLEY | Address 355 SO DR MARTIN LUTHER | Type of Action |
|----------------------|--------------------------------|---------------------------------|----------------|
| ———— | | KING JR BLVD | ⊒ Add |
| | | DAYTONA BEACH. FL 32114 | □ Remove |
| | | | ☐ Change |
| AMBR | LONDON JONSON | 7421 FLAG HARBOR DRIVE | _ |
| | | DISTRICT HEIGHTS, MD 20747 | 🗆 Add |
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| Stantive data is athough an the de | te of filing: | ු (optional) - ල | |
| an effective date is listed, the date must be | e specific and cannot be prior to date of filli c does not meet the applicable statutor | ng or more than 90 days after filing.) Pursuantito 6 ry filing requirements, this date will not be li | 05.020 sted a |
| record specifies a delayed e The 90th day after the record | | tive time, at 12:01 a.m. on the ear | lier c |
| NOVENBER 18 | 2018 | | |
| Robert D | Mobles gnature of a member offauthorized represe | entative of a member | |
| V- P. | | | |

Page 3 of 3

Filing Fee: \$25.00