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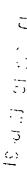
(Req	questor's Name)	
(Add	Iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

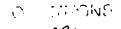
Office Use Only



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COVER LETTER

	ration Section n of Corporations				
SUBJECT:	London	Name of Limited	Liability Company	, LLC	
The enclosed Ar	ticles of Amendment and	fee(s) are submitte	ed for filing.		
Please return all	correspondence concerni	ng this matter to th	e following:		
	6	TARY WI	Name of Person		
		_/	Name of Person		
			Firm/Company		
	61	37 SW	130 th P/ Address	<i>/</i> 	
		ala F	3 4 4 7 ity/State and Zip Code	3	
			•		
		-mail address: (to be	9 8. Yahoo - used for future annual r	eport notification)	
For further infor	mation concerning this m	atter, please call:			
GARY	Williams Name of Person		at (<u>737</u>)	207 - 55	98
,	Name of Person		Alca Code	Dayanie Telepho	ne (vulibe)
Enclosed is a che	eck for the following amo	unt:			
□ \$25.00 Filin _i	•	ng Fee & E e of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & 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

London's Fish-N-Chip	LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Feb 22	2,7018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	12192 BEACH P. JACKSONVILLE, FI	37246.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	5
	, Flo	orida Zip Code
	Cuy	гр соце

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GARY Williams	6137 SW 130 th Pl Ocala, Fl 34473	
	4	Ocala, Fl 34473	
			Change
AMBR	GEMLYN WILLIAMS	6137 SW 130 +h Pl	Add
		Ocalo, F1 34473	□ Remove
			Change
		~ -	
			Remove
			Change
			□´Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

	NEW (2) AMBR-1. CARMEN WILLIAMS
	New (2) AMBR-1. CARMEN WILLIAMS 2. CTEMBYN WILLIAMS
	REMOVE - GARY WILLIAMS
_	· · · · · · · · · · · · · · · · · · ·
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<u>. </u>	
Note: If	e date, if other than the date of filing:
Note: If documen ne reco	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Note: If document he reco The 9	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records. rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of specifies and elayed effective date.
Note: If document he reco The 9	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.

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

Page 3 of 3

Filing Fee: \$25.00