

L21000379564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

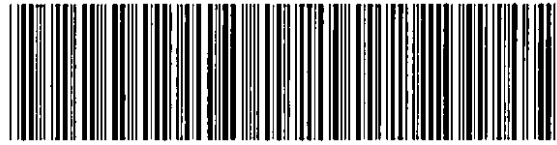
(Document Number)

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09/27/23--01016--002 **25.00

2023 OCT 24 PM 4:31
Filing Office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 26691-693 LONDON LANE LLC
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:

JACQUELYN ALLEN

Name of Person

BONAQUIST ALLEN

Firm/Company

4099 TAMiami TRAIL N. STE 308

Address

NAPLES, FLORIDA 34103

City/State and Zip Code

JACY@BONAQUISTALLENLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BONAQUIST ALLEN

Name of Person

at (239) 276-7127

Area Code

Daytime Telephone 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

26691.693 LONDON LANE 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 Liability Company were filed on 08/24/2021 and assigned
Florida document number L21000379564

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 "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)

7901 4TH ST N STE 16791
ST. PETERSBURG, FL 33905

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:

REGISTERED AGENTS, INC.

New Registered Office Address:

7901 4TH ST N STE 300

Enter Florida street address

ST. PETERSBURG, Florida 33702

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.

David Roberts

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>	<u>Type of Action</u>
MGR	BRETT HEIER	5600 ZIP DRIVE	<input type="checkbox"/> Add
		FORT MYERS, FL.	<input checked="" type="checkbox"/> Remove
		33905	<input type="checkbox"/> Change
MGR	POSITANO HOLDINGS GROUP, LLC	257 OLD CHURCHMANS DR.	<input checked="" type="checkbox"/> Add
		NEW CASTLE, DE 19720	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
OF THE STATE OF
DELAWARE

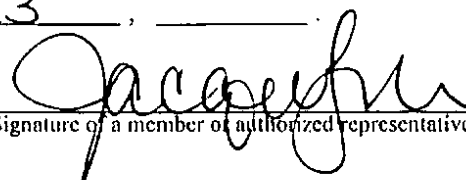
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 OCT 21 PM 4:31
RECEIVED
FAMILY COURT

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/31/2023


Signature of a member or authorized representative of a member

JACQUELYN ALLEN
Typed or printed name of signee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

26691.693 LONDON LANE LLC

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(A Florida Limited Liability Company)

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(Principal office address MUST BE A STREET ADDRESS)

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7901 4TH ST N STE 16791
ST. PETERSBURG, FL 33905

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New Registered Office Address:

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ST. PETERSBURG, Florida 33702

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New Registered Agent's Signature, if changing Registered Agent:

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SECRET
202 OCT 23
11:31

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

2023 OCT 24 PM 4:30
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/31/2023 BY 60322
UCBAW

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/31/2023, _____



Signature of a member or authorized representative of a member

JACQUELYN ALLEN

Typed or printed name of signee

Filing Fee: \$25.00