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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	-
	DEC 17 21	021

Office Use Only



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12/06/21--01024--014 **25.00



COVER LETTER

		stration Sec sion of Corp				
eno nez			EMPÖRIUM LLC	•		
SUBJEC			Name of Lim	nited Liability Company		
The encl	osed	Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn	all correspor	ndence concerning this matter	to the following:		
			TERRI DALLAIRE			
				Name of Person		
			DALLAIRE & ASSOCIA	TES, CPA'S, PA		
				Firm-Company		
			PO BOX 490			
			-	Address		
			CRYSTAL RIVER, FL 34	1423		
				City/State and Zip Code		
			TDALLAIRECPA@DALL	.AIRECPA.COM		
			ti-mail address; (to be used for future annual report notification)		
For furth	ier in	formation co	oncerning this matter, please co	att:		
ROBER	TRO)SS		352 563-1300 at ()		
		Name of	Person	at ()		
Enclosed	l is a	check for th	e following amount:			
€ \$25.	7 00,	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)		
		ling Address		Street Address: Registration Section		
Registration Section Division of Corporations			Division of Corporations			
		. Box 632		The Centre of Tallahassee		
	1 a l	ahassee, F	1. 52514	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC -6 PH 6: 08

LONON EMPORIUM LLC

SECRETARY OF SHILL

Zip Code

(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 11/03/2021 and assigned

Florida document number 1.21000476689

Florida document number 1.21000476689	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
LONDON'S EMPORIUM LLC	
The new name must be distinguishable and contain the words "I	imited 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 AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			[]Change
			□Add
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			∐Add
			□Remove
			□Change

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Filing Fee: \$25.00