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2021 FEB 28 PM 1:2 SECRETARY OF STAT

A. BUTLER MAR - 7 2022

COVER LETTER

			•
SUBJECT:	LONDON, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	Name of Limited Liability Company Articles of Amendment and fec(s) are submitted for filing. Ill correspondence concerning this matter to the following: JOSHUA LONGON SUCC		
		Name of Person	
			··
		Firm/Company	
	1002 N	14+10 AVC · Address	
	<u> </u>	OIA FL 32501 City/State and Zip Code	
	E-mail address: (t	indon 16@ amail a	(cation)
For further information	n concerning this matter, please ca	ill:	
		•	
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Add Registration		· · · · · · · · · · · · · · · · · · ·	tion
Division of	Corporations	Division of Corp	oorations
P.O. Box 6	327	The Centre of Ta	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JC LONDON, LL	ny as it now annear	2021 FFB 28 PM 1: 25
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on	01 /0 TALBAHADS EE FLIgned
Florida document number <u>L21000529908</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office a	ddress on our ro	ecords, 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 Flor	ida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
I hereby accept the appointment as registered agent and agre	e to act in this c	capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as packets to merely reflect a change in the registered office of the control of the registered of the control of t	performance of provided for in C	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	uuuress, 1 Nerel	y conjum mai me nimiea navimy

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
AMBK	collin Hightower	1323 Bayshore Terrace	□ Add
		GUIF BYELL, FL 32563	Nemove
			□Change
MMBR	Tyler London		_ t\Add
		Gulf Breeze, FL 32563	□Remove
			□Change
 			□ Add
		·	□Remove
			🖸 Add
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ocument's effective date	on the Department of St	ate's records.			
moord enecifies a delawa	d effective date, but not a	in affective time of	12:01 a.m. on the es	union of: (b) The 90th	day after the
is filed.	refrective date, but not a	m enecuve ume, at	12.01 a.m. on the ca	uner of (0) The 90th	day and the
ated <u>Febman</u>	<u> 2310</u> ,	3033			
ated <u>FPDWAN</u> Joshu	1.1.1.				
Joshu	Signature of a m	ember or authorized i	epresentative of a men	nber	
	レンビ	NVA WW Typed or printed nam	$\Delta A \cap \Delta A$		