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COVER LETTER

TO: 'Registration Section Division of Corporations
SUBJECT: London ClogiStics LLC Name of Limited Liability Company
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:
London Clemente
Name of Person
London clogistics LLC Firm/Company
Firm/Company
2121 Biscayne BlvD #1456
Address
migmi/F1 = 33137
miami/FL 33137 City/State and Zip Code
London @ London Clogistics.com S-mail address: (to be used for future finual report notification)
For further information concerning this matter, please call:
305
London Clemente at (840-3288
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
•
Mailing Address:Street Address:Registration SectionRegistration Section
Division of Corporations Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

London ClogiStics (Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears of I Liability Company)	1 our records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	$\frac{2/32/3033}{34234}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia 5 S + ar LTR L.L. The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		20EC T
		2 P M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name of the new registered
	Cin	, Florida
New Registered Agent's Signature, if changing Registered Agen	City at:	zφ Code
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in this cap te performance of m s provided for in Cha	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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	
AMDD -	Authorized	3.1

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
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			Change
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		layed effective e record is file		not an effecti	ve time, at 1	12:01 a.m. or	n the earlier of
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		Signature o	f a member of au	thorized represen	tative of a membe	er	
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