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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	cr: London Rapital LLC
SUBJE	Name of Limited Liability Company
The encl	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Madison Whiteman
	London Vapital LLC
	510 N RUML AVE UNIT 409
	Tampa FL 33406 City/State and Zip Code Madison . Whyteman a yanoo. Com E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	MUDISON WITHOUT at (813), 545 - 4690 Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
√\$ 25.	.00 Filing Fee

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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on o ibility Company)	our record <u>s.</u>)				
The Articles of Organization for this Limited Liability Company were filed on <u>022412024</u> and assigned Florida document number <u>L240009819</u> 3						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability	ty company here:					
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	nion "LLC" or the abbreviation L.L.C."				
Enter new principal offices address, if applicable:		H H				
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:		1. 26 1. ORIU				
(Mailing address MAY BE A POST OFFICE BOX)		7*				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	dress on our record	is, enter the name of the new registered				
Name of New Registered Agent.		9-01-9-01				
New Registered Office Address:	Enter Florida str	reet address				
	- 2	, Florida				
	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.

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
MS.	madison whiteman	510 N ROME AVE MIT 400 Tampa, FL 33606	11/Add
MGR			□Remove
AMBR	•		©Change
		,,	□Add
			□Remove
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			□Remove
			□Chanve

	Please call me with any questions
	Please call me with any questions 813-545-4690
	
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an effecti ote: If t	ate, if other than the date of filing: 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 605.020 at date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocument	effective date on the Department of State's records.
record sp l is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	108/202U
ated	
ated	Signature of a member of authorized representative of a member