## P94000090719

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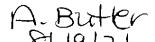
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: LONDON INSURA                           | ANCE GROUP INC.  |  |  |  |  |
|--|--|--|--|--|--|--|
| DOCUMENT NUME  | ER: P94000090719                               | <u></u>  |  |  |  |  |
|  | of Amendment and fee are su                    | bmitted for filing.  |  |  |  |  |
| Please return all corres   | pondence concerning this ma                    | tter to the following:   |  |  |  |  |
|  | LUIS DIAZ                                      |  |  |  |  |  |
|  | <u>.,</u>                                      | Name of Contact Person   |  |  |  |  |
|  | LONDON INSURANCE GROUP INC.                    |  |  |  |  |  |
|  | Firn/ Company                                  |  |  |  |  |  |
|  | P.O. BOX 140083                                |  |  |  |  |  |
|  |  | Address  |  |  |  |  |
|  | MIAMI, FLORIDA, 33114                          |  |  |  |  |  |
|  |  | City/ State and Zip Code   |  |  |  |  |
|  | LNDNINS@BELLSOUTH.NET                          |  |  |  |  |  |
|  | E-mail address: (to be us                      | sed for future annual report   | notification)  |  |  |  |
| For further information  | n concerning this matter, pleas                | se call:   |  |  |  |  |
| LUIS DIAZ  |  | at ( 786   | 2563318<br>de & Daytime Telephone Number   |  |  |  |
| Name of Contact Person   |  | Area Co  | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check fo   | r the following amount made                    | payable to the Florida Depa  | artment of State:  |  |  |  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee &<br>Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation of

FILED

| LONDON INSURANCE GROUP INC.  |   |                                      | 2021 AUG -6                             | PM 3: 56        |
|--|---|--------------------------------------|---|-----------------|
| (Name o  | f Corporation as current                                  | y filed with the Florida Dept        | . of State)                             |                 |
| P94000090719   |   |                                      | SECRETAIN<br>TALLAHA                    | OF STATE        |
|  | (Document Number o  | f Corporation (if known)             | 174 L Q 7 13 1 7 1                      |                 |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this                              | Florida Profit Corporation ac        | lopts the following                     | amendment(s) to |
| A. If amending name, enter the new na  | ame of the corporation:                                   |                                      |   |                 |
|  |   |                                      |   | The new         |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association," | Corp," "Inc," or "Co"                                     | 4 professional corporation n         | or the abbreviation<br>ame must contain | the word        |
| B. Enter new principal office address, (Principal office address MUST BE A S   | <u>if applicable:</u><br>TREET ADDRESS )                  |                                      | ·                                       | . <u> </u>      |
|  |   |                                      |   |                 |
|  |   |                                      |   |                 |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST)   | icable:<br>OFFICE BOX                                     | P.O. BOX 140083                      |   |                 |
| · · ·  |   | MIAMI, FLORIDA. 33114                | l                                       |                 |
|  |   |                                      |   |                 |
| D. If amending the registered agent an<br>new registered agent and/or the new  | id/or registered office add<br>w registered office addres | ress in Florida, enter the na        | me of the                               |                 |
| Name of New Registered Agent   | LUIS DIAZ   |                                      |   |                 |
|  | P.O. BOX 140083   | <del></del>                          |   |                 |
|  | (Florida st.  | reet address)                        | ****                                    |                 |
| New Registered Office Address:   | MIAMI   |                                      | . Florida                               |                 |
| New Registerey Office Address.   |   | (Cuy)                                | (Zip C                                  | ode)            |
|  |   |                                      |   |                 |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist                                      | hanging Registered Agent<br>tered agent. I am familiar    | t:<br>with and accept the obligation | s of the position.                      |                 |
|  | Signature of New I  | Registered Agent, if changing        |   |                 |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Dov, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | <u>PT</u> | John De     | <u>oc</u>   |                       |
|-------------------------------|-----------|-------------|-------------|-----------------------|
| X Remove                      | <u>V</u>  | Mike Jo     | ones        |                       |
| X Add                         | <u>sv</u> | Sally S     | mith_       |                       |
| Type of Action<br>(Check One) | Title     |             | <u>Name</u> | Address               |
| 1) X Change                   | P         |             | LUIS DIAZ   | P.O. BOX 140083       |
| Add                           |           |             |             | MIAMI, FLORIDA. 33114 |
| Remove                        |           |             |             |                       |
| 2) Change                     |           | <del></del> |             |                       |
| Add                           |           |             |             |                       |
| Remove Change                 |           | _           |             |                       |
| Add                           |           |             |             |                       |
| Remove                        |           |             |             |                       |
| 4) Change                     |           |             |             |                       |
| Add                           |           |             |             |                       |
| Remove                        |           |             |             |                       |
| 5) Change                     |           | _           |             |                       |
| Add                           |           |             |             |                       |
| Remove                        |           |             |             |                       |
| 6) Change                     |           |             |             |                       |
| Add                           |           | ·-          |             |                       |
| Remove                        |           |             |             |                       |
|                               |           |             |             |                       |

| amending or adding additional Ar<br>tach additional sheets, if necessary). | (Be specific)   |                        |                |              |
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|  |   | U 4                    | . # al         |              |
| an amendment provides for an ex<br>provisions for implementing the an      | change, reclassification,<br>nendment if not contains | ed in the amendment it | self:          |              |
| (if not applicable, indicate N/A)  |   |                        |                |              |
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|   | 8/2/2021  | , if other than the                              |
|---|---|--|
| The date of each amendment(s) ad  | option:   | , it differ that the                             |
| late this document was signed. 8/2/2                                    | 021   |  |
| Effective date if applicable:   |   | e Gladata  |
|   | (no more than 90 days after amendmen  | n jne aaie)                                      |
| Note: If the date inserted in this blocument's effective date on the De | ock does not meet the applicable statutory filing repartment of State's records.  | equirements, this date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |  |
| The amendment(s) was/were ado action was not required.                  | pted by the incorporators, or board of directors with   | out shareholder action and shareholder           |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su      | pted by the shareholders. The number of votes cast fficient for approval.   | for the amendment(s)                             |
| The amendment(s) was/were app<br>must be separately provided for        | roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the  | The following statement - amendment(s):          |
| "The number of votes cast   | for the amendment(s) was/were sufficient for appro-   | val  |
| by  |   | <del>_</del> ."                                  |
|   | (voting group)  |  |
| Dated   | 8/2/21  |  |
| Signature   | if directors or of  | Scare have not been                              |
| selecte   | irector, president or other officer – if directors or off<br>d, by an incorporator – if in the hands of a receiver,<br>ted fiduciary by that fiduciary) | trustee, or other court                          |
|   | LVIS D  | 142  |
|   | (Typed or printed name of person signing)  Pres IDEN  | ng)  |
|   | PRESIDEN  | <i>H</i>   |
|   | (Title of person signing)   |  |