P94000090719

(Re	questor's Name)
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(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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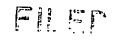
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: LONDON INSUR	ANCE GROUP INC	
DOCUMENT NU	MBER: P94000090719		
	les of Amendment and fee are su	bmitted for filing.	
Please return ail co	orrespondence concerning this ma	tter to the following:	
	LUIS DIAZ		
		Name of Contact Person	<u> </u>
	LONDON INSURANCE GR	OUP INC	
		Firm/ Company	
	P.O. BOX 140083	Firm Company	
		Address	
	MIAMI, FLORIDA. 33114		
		City/ State and Zip Code	
	LNDNINS@BELLSOUTH.N	NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of the second	ntion concerning this matter, pleas	se call: at (⁷⁸⁶	, 2563318
Nai	ne of Contact Person	Area Co	de & Daytime Telephone Number
	k for the following amount made		
S35 Filing Fee	S43.75 Filing Fee & 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 Fallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of



2021 OCT 29 PH 5: 09

LONDON INSURANCE GROUP INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State 1. NY CF STATE
P94000090719	18ta 7 (** * 5 * * * * * * * * * * * * * * * *
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	5805 BLUE LAGOON DRIVE
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FLORIDA. 33126
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	
Name of New Registered Agent	_
(Florida st	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Sew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position
nered, acceptine appearance as regionered agents.	The second confirmation of the position.
Signature of New F	Registered Agent, if changing
Check if applicable	

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

Example:

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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	
		· · · · · · · · · · · · · · · · · · ·
	····	
		·
	 	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:	
		
	 	

The date of each amendment		, if other than the
date this document was signed Effective date <u>if applicable</u> :	10/25/2021	
	(no more than 90 days after amendment file d	ate)
	his block does not meet the applicable statutory filing requirenge Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	amendment(s)
	e approved by the shareholders through voting groups. The follow d for each voting group entitled to vote separately on the amendation.	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated Signature	10/25/21 LD	
(B	y a director, president or other officer – if directors or officers hat lected, by an incorporator – if in the hands of a receiver, trustee, pointed fiduciary by that fiduciary)	
	LUIS DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	