U110000 71664

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nai	me)
(Doc	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



100269887651

02/25/15--01019--005 **30.00



LEBOURD APR 20 2015



March 6, 2015

BRANDON LEWIS 236 CANAL BLVD SUITE 2 PONTE VEDRA BEACH, FL 32082

SUBJECT: LEWIS SEARCH FIRM, LLC

Ref. Number: L11000031004

We have received your document for LEWIS SEARCH FIRM, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 615A00004667

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

	stration Section ion of Corporations				
SUBJECT: _	LEWIS	SEARCH Name of Limit	FIRM (NAME CHAN	me)
The enclosed A	Articles of Amendmen	and fee(s) are sub	nitted for filing.		
Please return a	Il correspondence con	cerning this matter	to the following:		
		BRAI	Name of Person	<u>S</u>	
			SEARCH Firm/Company		
		236	CANAL BLY	10 SUITE	2
		PONTE	VEORA BEA	nay fr	32082
		og lewis 7 E-mail address: (1	o be used for future annual	report notification)	
For further inf	ormation concerning th	nis matter, please ca	d):		
BRA	Name of Person	5	at (904)Area Code	728 84 Daytime Telephone	ЧЧ e Number
Enclosed is a	check for the following	amount:			
□ \$25.00 Fil	ing Fee Cert	Filing Fee & ificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	closed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO → ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 22, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	236 CANAL BLUD SUITE 2 PONTE VEDRA BEACH FL 32082
(Principal office address MUST BE A STREET ADDRESS)	PONTE VEDRA BEACH FL 32082
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 851 PONTE VEDRA BEACH, FL 32004
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the new
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	. Florida
,	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	/
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Citle</u>	<u>Name</u>	Address	Type of Action
		 	☐ Remove
	**************************************		D Add
			☐ Remove
		A	
			☐ Remove
			AST
			Ramove T
			:52Add
			☐ Remove
			☐ Remove

ffective dat be effective dat be date this doo	te, if other than the date of filing:(optional) te must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
ated	April 15th, 2015.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

15 MAR 31 PM 1: 52