

L11000059665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

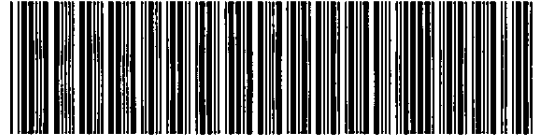
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT -9 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lynn Lewis Public Relations, LLC
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:

Lynn Aronberg
Name of Person

Lynn Aronberg Public Relations
Firm/Company

300 S. Australian Ave., Suite 520
Address

West Palm Beach, FL 33401
City/State and Zip Code

Lynn@LynnAronberg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Aronberg at (305) 509-9958
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

Lynn Lewis Public Relations, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 20, 2011 and assigned Florida document number L11000059665.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lynn Aronberg Public Relations, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

300 S. Australian Ave
Suite 520
West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 S. Australian Ave.
Suite 520
West Palm Beach, FL 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lynn Aronberg

New Registered Office Address:

300 S. Australian Ave, Suite 520

Enter Florida street address

West Palm Beach, Florida 33401

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.

Lynn Aronberg
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
 AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Lynn Aronberg	300 S. Australian Ave.	<input checked="" type="checkbox"/> Add
		Suite 520, West Palm Beach, FL	<input type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change
MGRM	Lynn Lewis	525 S. Plagler Drive	<input type="checkbox"/> Add
		Suite 500, West Palm Beach, FL	<input checked="" type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change
Registered Agent	Lynn P. Lewis	525 S. Plagler Drive	<input type="checkbox"/> Add
		Suite 500, West Palm Beach, FL	<input checked="" type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~(See marriage certificate attached)~~

Multiple horizontal lines for additional information or amendments.

2015 OCT -8 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 9-29-15

Lynn Lewis Aronberg
Signature of a member or authorized representative of a member

Lynn Lewis Aronberg
Typed or printed name of signee