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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000651143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF HENRY W. JOHNSON

Account Number : I20130000002 Phone

: (561)672-7264

Fax Number

: (561)235-5416

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CKSAUEr@

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION SAM LEWIS LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

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MAR 25 2013

J. BRYAN 3/21/2013

DEPT. OF STATE

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FASE 01

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9547552430 NOVATITLE 3/22/2013 7:17:58 AM PAGE

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Fax Server



March 22, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAW OFFICE OF HENRY W. JOENSON

SUBJECT: BAN LEWIS LTD.

REF: A27099

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the dissociating general partner unless the document states the general partner is decessed or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

Please return 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 filling of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

FAX Aud. #: R13000065114 Latter Number: 013A00006795

P.O BOX 6327 - Taliahassee, Florida 32314

DEPT. OF STATE

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NEVATITLE

PAGE 03

## CERTIFICATE OF AMENDMENT

	H130000651143			
CERTIFICAT	FICATE OF AMENDMENT TO TE OF LIMITED PARTNERSI OF  SAM LEWIS LTD. Intly on file with Florida Department of			
Pursuant to the provisions of section 620. limited liability limited partnership, whos September 26, 1988, assig adopts the following certificate of amenda	1202, Florida Statutes, this Floride e certificate was filed with the Florida document number	la limited partnership or orida Department of State on A27059		
This amendment is submitted to amend the following name, enter the new name here:  New name must be defined to amend the following name must be defined to a submitted to amend the following name must be defined to a submitted to amend the following name must be defined to a submitted to amend the following name must be defined to a submitted to amend the following name and the following	-			
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership  B. If amending mailing address and/or principal office address here:  New Principal Office Address  (Must be STREET address)  New Mailing Address: (May be post office box)	suffixes: Limited Liability Limited Parti r principal affice address, <u>enter</u>	new mailing address and/or		
C. If amending the registered agent and/onew registered agent and/or the new registered Name of New Registered Agent:		records, enter the name of the		
New Registered Office Address:	7900 Glades Rd, SUITE 530  Enter Florida street address			
	Boca Raton City	Florida 33434 Zip Code		

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850-245-6804

83/22/2013 09:39

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NOVATITLE

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## New Registered Agent's Signature, if changing Registered Agent:

I heraby 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.

If Changing Registered Agent. Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or ramoved from our records:

<u>Title</u>	Name	Address	Type of Action
<u>GP</u>	Sam Lewis	7900 Glades Rd Suite 530 Boca Raton, FL 33434	Add Remove
<u>GP</u>	Sam Lewis Roofing LLC	7540 Black Olive Way Tamarac, FL 33321	Add Remove
			Add Remove
			Add Remove
			Add Remove
	partnership or limited liability p" status, enter change here:	y limited partnership is amer	ding its "limited lia

bility E. If limite

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE): If adding or removing" limited liability limited partnership" status, all general partners mun sign this amendment.)

850-245-6804

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NOVATITLE

					A R
F. If amending any other info	rmation, enter ci	bange(#)	here: (Attach	additional she	ets, if necessary)
		·····		····	7.00
		····			
<u> </u>				<del></del>	
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing: re than 90 days afti	er thu date	this document	is filed by the I	Torida Department of
Signature(s) of a general partne		-			
("NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	norship" election st	latement.	Chapter 620, F.	S., requires all	sembip is adding or general partners to sign
The Turn				······································	
	- <del></del>		PW		
	<del></del>			<u> </u>	
Signature(s) of all new or dissoc	iating general p	oartner(	s), if any:		
_ Jun Jun					
	· 		<del></del>		
Filing Face	eer en				
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				