1010000 15183

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COVER LETTER

	istration Section of Corp			
SUBJECT.	Lewis & Crie			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Leslie A Lewis		
			Name of Person	
		Lewis & Crichton LLC		
			Firm/Company	.
		PO Box 1119		
			Address	· · · · · · · · · · · · · · · · · · ·
		Winter Park, FL 32790		
			City/State and Zip Code	
		llewis@lewisfirm.com		
		E-mail address: (to be used for future annual report	notification)
For further in	iformation co	ncerning this matter, please ca	aff:	
Evelyn LaLi	uz		407 647-3428	
	Name of	Person	Area Code Day	ytime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION2915 (2), 29 71, 9: 48 OF

Lewis & Crichton LLC	
(Name of the Limited Linbitity Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L01000015183</u>	were filed on 9/6/2001 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The Lewis Firm, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1801 Lee Road, Suite 100
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32789
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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 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.

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	<u>Name</u>	Address	Type of Action
MGR	Carolyn S. Crichton	1801 Lee Road, Suite 100 Winter Park, FL 32789	
			iX Remov e
			Change
	·		Add
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
			🗆 Add
			☐ Remove
			□ Change
			Add
			🗆 Remove
			Change
			
			☐ Remove
			☐ Change

	coding any other information, outer change(s) here: (Auach additional sheets, if necessary.)
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Effectiv	e date, if other than the date of filing: November 1, 2019 (optional)
Note: (i	tive data is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Illing.) Pursuant to 605 0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed,
Dated	October 28 2019
_	Cachia. Cens
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00