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C. LEWIS MAY 1 0 2011 **EXAMINER**

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: SS	A STAFFING SERVI	CES AGENCY - LEWM	AR L.L.C.					
SUBJECT:		nited Liability Company						
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.						
Please return all corr	espondence concerning this matte	er to the following:						
Marcin Lewandowski								
Name of Person								
LEWMAR LLC								
Firm/Company								
8764 Fort Jefferson Blvd								
Address								
Orlando FL. 32822								
	City/State and Zip Code							
	plmalew@gmail.com E-mail address: (to be used for future annual report notification)							
			ication)					
For further information	on concerning this matter, please	call:						
Marcin Lewandowski		at (407)	435 5390					
Name of Person		Area Code & Daytime Telephone Number						
Enclosed is a check f	or 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



SSA STAFFING SERVICES AGENCY - LEWMAR AND OF STAFF (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company	were filed on	10/24/2008	and assigned		
Florida document number L080001003	301					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :			
	SSA - LEWN	MAR LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	8764 Fort Jefferson Blvd					
(Principal office address MUST BE A STREET	8764 Fort Jefferson Blvd					
		Orlando FL. 3	32822			
Enter new mailing address, if applicable:	8764 Fort Jefferson Blvd					
(Mailing address MAY BE A POST OFFICE B	Orlando FL. 32822					
B. If amending the registered agent and/or the new registered offi	•		ur records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Marcin Lewandowski					
New Registered Office Address:						
	Enter Florida street address					
		Orlando	, Florida	32822		
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name Address ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The profile of the company is General Services Company, Not staffing services Dated ____ April 30 2011 MERCIN LEWAMOWEN Signature of a member or authorized representative of a member Marcin Lewandowski Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00