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COVER LETTER

SUBJECT:		EWMAR LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
	ľ	Marcin Lewandowski				
		Name of Person				
	S	SSA - LEWMAR LLC				
		Firm/Company				
	8764 Fort Jefferson Blvd					
		Address				
	O	lando FL. 32822-7478	8			
	City/State and Zip Code					
	E-mail address: (t	ewmarllc@gmail.com to be used for future annual rep	ort notification)	<u>-</u>		
For further information cor	ncerning this matter, please c					
Marcin	Lewandowski	at (40 Z .)	435 53	390		
Marcin Lewandowski at (407) 435 5390 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	S55.00 Filing Fee & Certified Copy (additional copy is e		660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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TO:

Registration Section

Division of Corporations

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

	SA - LEWMAR LLC				
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)			
(////	orida Emmed Emonity Company)				
The Articles of Organization for this Limited Liab	lity Company were filed on	10/24/2008	_ and assigned		
Florida document number L0800010030					
Tiorida document number	<u>· · · · · · · · · · · · · · · · · · · </u>				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :			
	Lewmar LLC				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	(IDDRESS)				
	<u> </u>	ril e			
			<u> </u>		
Enter new mailing address, if applicable:			No.		
(Mailing address MAY BE A POST OFFICE BO	X)	Figure and			
Training dualess MITT DE 71 1 OST OF FICE DO	<u> </u>	**************************************			
B. If amending the registered agent and/or	registered office address on	our records enter the	ကြောင္ of the new		
registered agent and/or the new registered office		our records, enter tens	itality of the lies.		
					
Name of New Registered Agent:					
Haine of New Registered Algein.					
New Registered Office Address:					
	Enter Florida street address				
_		, Florida			
	City		7in 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 Title Name **Address** Type of Action Owner Marcin Lewandowski 6010 Scotchwood Glen #201 Orlando FL 32822-4313 Remove Dominik Sedziak Mgr. 911 North Orange Ave #547 ✓ Add Remove Orlando FL, 32801 Remove \prod Add _____Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 19 2011 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