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DIVISION OF CORPORATIONS
12 JAN 23 PM 12:41

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEWMAR 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:

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)

For further information concerning this matter, please call:

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 ☐ \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 23 PM 12:41

LEWMAR LLC

(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 Liability Company were filed on 10/24/2008 and assigned
Florida document number L08000100301.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

750 SOUTH ORANGE BLOSSOM TRAIL

SUITE 51

ORLANDO FL. 32806

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

750 SOUTH ORANGE BLOSSOM TRAIL

SUITE 51

ORLANDO FL. 32806

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:

MAGDALENA KASPROWICZ

New Registered Office Address:

750 SOUTH ORANGE BLOSSOM TRAIL Suite 51

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.

M. Kasprowicz
If Changing Registered Agent, Signature of New Registered Agent

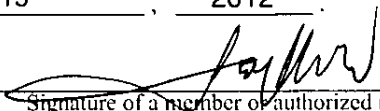
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAGDALENA KASPROWICZ	750 SOUTH ORANGE BLOSSOM TRAIL SUITE 51 ORLANDO FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DOMINIK SEDZIAK	750 SOUTH ORANGE BLOSSOM TRAIL SUITE 51 ORLANDO FL 32806	<input type="checkbox"/> Add <input type="checkbox"/> Remove
PRESIDENT	MARCIN LEWANDOWSKI	750 SOUTH ORANGE BLOSSOM TRAIL SUITE 51 ORLANDO FL 32806	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 19, 2012



Signature of a member or authorized representative of a member

MARCIN LEWANDOWSKI

Typed or printed name of signee

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