

LD9000078599

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**EXAMINER**

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10 MAR - 2 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Donna Lewis 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:

**Donna Lewis**  
Name of Person

**Triple-L Enterprises LLC**  
Firm/Company

**14225 Leeward Way**  
Address

**Palm Beach Gardens, FL 33410**  
City/State and Zip Code

**dlewis0714@comcast.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Donna Lewis** at ( **561** ) **776-0920**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2010

DONNA LEWIS  
14255 LEEWARD WAY  
PALM BEACH GARDENS, FL 33410

SUBJECT: DONNA LEWIS LLC  
Ref. Number: L09000078599

We have received your document for DONNA LEWIS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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 filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 110A00003619

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Donna Lewis 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 8/14/09 and assigned  
Florida document number 270736656

This amendment is submitted to amend the following:

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

~~Triple L Enterprises LLC~~ eMarketing Strategies LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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          | Larry Lewis II | 14225 Leeward Way<br>Palm Beach Gardens, FL 33410 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

Downe Lewis  
Signature of a member or authorized representative of a member

DOWNA LEWIS  
Typed or printed name of signee

10 MAR -2 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED