

L09000088504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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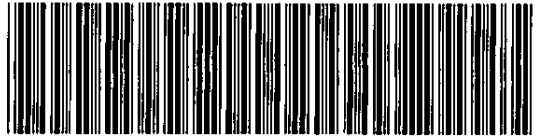
(Business Entity Name)

(Document Number)

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10 APR 26 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lewi's Italian Deli & Catering, 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:

Richard or Michelle Lewis
Name of Person

Lewi's Italian Deli & Catering, LLC
Firm/Company

2245 County Road 210 W, Ste. 117
Address

St Johns, FL 32259
City/State and Zip Code

Lewis catering @ bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard or Michelle Lewis at 904 535-3620 or 904-810-
Name of Person Area Code & Daytime Telephone Number
824-9488 or 904-226-1551

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

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TALLAHASSEE, FLORIDA

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

Lewi's Italian Deli & Catering 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 10/2009 and assigned
Florida document number 27-0914714
L09000088504

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Michelle Lewis

New Registered Office Address:

(same) 2245 County Road 210, West Ste 117
Enter Florida street address

St Johns

City

Florida

32259
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.

Michelle Lewis
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	Richard Lewis	2245 CB 210 W Ste 117 St Johns FL 32259 or 2138 Thorn Hollow Ct (home) St. Augustine, FL 32090	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michelle Lewis	2245 CB 210 W Ste 117 St. Johns, FL 32259 or 2138 Thorn Hollow Ct (home) St. Augustine, FL 32090	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

Richard Lewis is going to go back to work.
 I, Michelle Lewis (wife) is taking over
 the deli. Please switch to my name
 per Richards request
 Thanks you!

Dated 4/23/2010

[Signature]

Signature of a member or authorized representative of a member

Michelle Lewis

Richard Lewis

Michelle Lewis

Typed or printed name of signee