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T. HAMPTON

168 1 5 2011

EXAMINER

COVER LETTER

TO: 'Registration Section Division of Corporations					
SUBJECT: LEWIS CONNECTIONS LLC Name of Limited Lightlity Company					
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:					
PAULA S. AUDI Name of Person					
Name of Person					
NO FRILLS A CCOUNTING LLC Firm/Company					
906 KINGSPORT CT					
Address					
HOULY HIU, FC 32117 City/State and Zip Code					
NO FRILLS ACCOUNTING OLEARWINE. NGT E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
PAULA S. AUDI at (386) 471–1361 Name of Person Area Code & Daytime Telephone Number					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

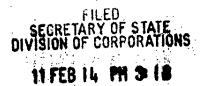
Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LEWIS CO	NNECTIONS L	LC	
(Name of the Limited Lin (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 121 310,44	and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	C24.	, Florida Zip Code	
	City	zip Coae	

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 a pending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>merm</u>	RICHAND LEWIS	2303 ELMHUNST LI MASCOTTE, FC 39153	Add Remove
MG/LM	RICHARD LEWIS	2023 ELMHURST LA MASCOTTE, FC. 34755	Add Remove
			Add Remove
			Add Remove
			Add Remove
W-11 - W-12 - MAN-			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)	SEGRETA DIVISION OF
			RY OF STATI
Dated	2-10,201 Sah 5	Dran	S
	PAULA	r or authorized representative of a member S. A U DT or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00