

L11000059665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

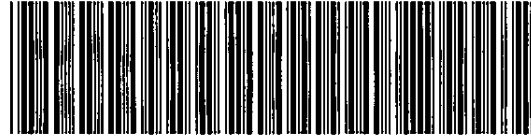
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT -9 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lynn Lewis Public Relations, 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:

Lynn Aronberg  
Name of Person  
Lynn Aronberg Public Relations  
Firm/Company  
300 S. Australian Ave., Suite 520  
Address  
West Palm Beach, FL 33401  
City/State and Zip Code  
Lynn@LynnAronberg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Aronberg at (305) 509-9958  
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

Lynn Lewis Public Relations, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on May 20, 2011 and assigned  
Florida document number L11000059665.

This amendment is submitted to amend the following:

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

Lynn Aronberg Public Relations, LLC

The new name must be distinguishable and contain 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)

300 S. Australian Ave  
Suite 520  
West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 S. Australian Ave.  
Suite 520  
West Palm Beach, FL 33401

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:

Lynn Aronberg

New Registered Office Address:

300 S. Australian Ave, Suite 520

Enter Florida street address

West Palm Beach, Florida 33401

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 605, 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.

Lynn Aronberg  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
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MGRM	Lynn Aronberg	300 S. Australian Ave.	<input checked="" type="checkbox"/> Add
		Suite 520, West Palm Beach, FL	<input type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change

MGRM	Lynn Lewis	525 S. Flagler Drive	<input type="checkbox"/> Add
		Suite 500, West Palm Beach, FL	<input checked="" type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change

Registered Agent	Lynn P. Lewis	525 S. Flagler Drive	<input type="checkbox"/> Add
		Suite 500, West Palm Beach, FL	<input checked="" type="checkbox"/> Remove
		33401	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

(See marriage certificate attached)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 9-29-15

Lynn Lewis Aronberg  
Signature of a member or authorized representative of a member

Lynn Lewis Aronberg  
Typed or printed name of signee