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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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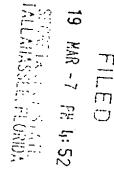
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MAR 1 6 2019 S. YOUNG



COVER LETTER

LEWARS I	DESIGN I, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		_	
Please return all correspo	ndence concerning this matter	to the following:	
	LEWARS, BERTRAM		
		Name of Person	
	LEWARS DESIGN I, LLC		
		Firm/Company	
	18242 NW 20TH STREET		
		Address	
	PEMBROKE PINES, FL 3	3029	
	lewars64@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
BERTRAM LEWARS		954 701-0228	
Name o	f Person	954 701-0228 at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

TO:

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

LEWARS DESIGN I, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compar		and assigned
Florida document number L11000090090	•	
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
LEWARS DESIGN, LLC	W11.6	'a-the abbreviation "LI (' "
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC	or the appreviation (b.b.c.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Frincipal office address most is given of the		8 7
		7 m
		THE D
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:	l office address on our records	s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	S.
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agentee	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I fu lete performance of my duties, as as provided for in Chapter 605,	F.S. Or. if this document is
If	Changing Registered Agent, Signature	of New Registered Agent

f 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

<u> [itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			Remove
	,		☐ Remove
			Change
			☐ Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change

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f an effective date is listed, the date n	block does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
ne record specifies a delay The 90th day after the re		ctive time, at 12:01 a.m. on the earlier o
Dated MARCH 4	2019	
·	Bett lewas Signature of a member or authorized representation	
	Botto - Dough	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00