

L15000124320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS
OCT 19 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEW Hospitality Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Lee

Name of Person

LEW Hospitality Group, LLC

Firm/Company

3 Champlain

Address

Irvine, CA 92620

City/State and Zip Code

leep178@gmail.com

E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Lee

Name of Person

949 439-1276
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

LEW HOSPITALITY GROUP, 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 07/20/2015 and assigned
Florida document number L15000124320.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3 CHAMPLAIN
IRVINE, CA 92620

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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:

PAUL LEE

New Registered Office Address:

20967 US HWY 19 N

Enter Florida street address

CLEARWATER

Florida 33765

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 a 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.


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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|---------------------------|--------------|--------------------|--|
| MGR | PAUL LEE | 3 CHAMPLAIN | <input type="checkbox"/> Add |
| | | IRVINE, CA 92620 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MEMBER AMBR | PAUL ESTEVES | 2432 MARTES | <input type="checkbox"/> Add |
| | | LA VERNE, CA 91750 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 T.C. Milli Eğitim, Bilim ve Kültür Bakanlığı
 Türkiye Cumhuriyeti

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

(b) The 90th day after the record:

Dated OCTOBER 17

2016

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member or authorized representative of a member

PAUL LEE

by _____ name of signee