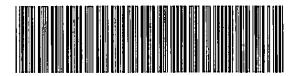
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COVER LETTER

Division of Cor	rporations		•	
	elopment Group. LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ornitonio Lewis			
		Name of Person		
	Lewis Development Group	o, LLC		
Firm/Company				
	5379 Gladstone Pl. Unit B			
		Address		
St. Louis, Mo 63121				
		City/State and Zip Code		
	lewisdevelomentgroup l@g	mail.com to be used for future annual report no	tification)	
For further information e	oncerning this matter, please c	·		
Ornitonio Lewis		314 435-4574		
Name o	f Person	at () Area Code Daytir	me Telephone Number	
Enclosed is a check for th	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address:	agtion	
Division of C		Registration Se Division of Co		
D O D (33	, -	PROFILE AND A SECOND		

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Lewis Development Group, LLC

The Articles of Organization for this Limited Liability Company were filed on Aug 22, 2016 Florida document number L16000156785 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 abbreventer 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] B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	
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 abbreventer 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) B. If amending the registered agent and/or registered office address on our records, enter the name of	and assigned
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** **Butter new mailing address MAY BE A POST OFFICE BOX** **Butter new mailing address MAY BE A POST OFFICE BOX** **Butter new mailing address MAY BE A POST OFFICE BOX** **Butter new mailing address MAY BE A POST OFFICE BOX** **Butter new mailing address MAY BE A POST OFFICE BOX** **Butter new mailing address on our records, enter the name of the name of the principal office address on our records, enter the name of the name o	
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#120 Venice Florida. 34293 Enter new mailing address, if applicable: **Mailing address MAY BE A POST OFFICE BOX** B. If amending the registered agent and/or registered office address on our records, enter the name of	
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3. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	<u> </u>
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of</u> agent and/or the new registered office address here:	<u> </u>
3. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	42
	the new registere
Name of New Registered Agent:	
New Registered Office Address: 12530 Ghilberti Circle #120	
Enter Florida street address	
Venice Florida 34293	
Cuy	Sip Code

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.

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>	Type of Action
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		# 120	□Remove
		Venice, Florida 34293	≘ Change
			Remove
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			□Remove
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Effective date, if (If an effective date is Note: If the date is document's effective date is document's effective date.	listed, the date in inserted in this	ust be specific a block does no	ing: and cannot be prior t meet the applic	able statutory	or more than 90	(optiona days after filit ents, this da	ng.) Pursuant to 60	95.0207 (3) sted as the
he record specifies a ord is filed.	delayed effect	ive date, but n	ot an effective t	ime, at 12:01 a	.m. on the earl	ier of: (b)	The 90th day aft	er the
Dated 5/15			2020	<u> </u>				
	0.	2	_					
		Signature of	a member or auth	orized representa	ative of a membe	r ·	·	
Ornitor	iio Lewis							
		<u> </u>	Typed or print	ed name of signs	ee			

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