

L16000199532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

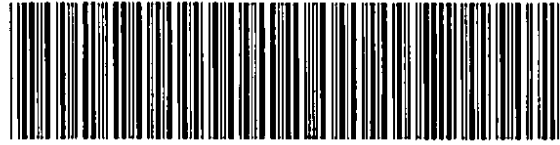
(Business Entity Name)

(Document Number)

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17 JUL 19 AM 9:42
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUL 21 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jon Lewis Consulting, 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:

Louis DiTaranto

Name of Person

Jon Lewis Consulting, LLC

Firm/Company

6222 Hadley Commons Dr

Address

Riverview, FL 33578

City/State and Zip Code

louisdt7@gmail.com

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

For further information concerning this matter, please call:

Louis DiTaranto 813 731-0108

Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

Jon Lewis Consulting, 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 10/28/2016 and assigned
Florida document number L16000199532

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)

6222 Hadley Commons Dr

Riverview, FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6222 Hadley Commons Dr

Riverview, FL 33578

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:

New Registered Office Address:

6222 Hadley Commons Dr

Enter Florida street address

Riverview

City

Florida 33578

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
OCT 30 2016
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO
FLORIDA
19 AH 942

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	Louis DiTaranto	6222 Hadley Commons Dr	<input type="checkbox"/> Add
		Riverview, FL 33578	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for amending information.

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 JULY 17, 2017


Signature of a member or authorized representative of a member

LOUIS D. TARANTO
Typed or printed name of signee

FILED
17 JUL 19 AM 9:42
DEPARTMENT OF STATE
HALL OF STATE, FLORIDA