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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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S. WARREN JUL 2 1 2017

COVER LETTER

UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Louis DiTaranto		
	·	Name of Person	
	Jon Lewis Consulting, LLC	2	
		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 notifi	cation)
or further information c	oncerning this matter, please ca	all:	
Louis DiTaranto		813 731-0108	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Jon Lewis Consulting, LLC

(A	Florida Limited I	Liability Company)	our recorus.
The Articles of Organization for this Limited Liabs Florida document number L16000199532	ility Company	were filed on 10/28/	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le·	6222 Hadley Comn	ons Dr
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Riverview, FL 3357	8
Enter new mailing address, if applicable:		6222 Hadley Comn	ons Dr
(Mailing address MAY BE A POST OFFICE BO	OX)	Riverview, FL 33578	
B. If amending the registered agent and/or registered agent and/or the new registered offic			r records, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	6222 Hadley C	ommons Dr	
The Registered Office Tudaless.		Enter Florida	street address
	Riverview		, Florida <u>33578</u>
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	-	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete red agent as p gistered office	performance of my provided for in Cha	duties, and I am Jamilian with and oter 605, F.S. Or-if this document is

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>	Address	Type of Action
MGR	Louis DiTaranto	6222 Hadley Commons Dr	
		Riverview, FL 33578	☐ Remove
			■ Change
			Add
			Remove
			Change
			🗖 Remove
			☐ Change
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			☐ Remove
		☐ Change	
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			Remove 7 JU Change (SEE)
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Filing Fee: \$25.00