# LITCCCCQQ6823

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Amend

MAY 23 2019 I ALBRITTON

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CATOLYN A. Lewis Real Estate UC 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:
Carolyn A. Lewis Name of Person
Firm/Company
1408 E. Park Circle
Tampa, F2 33404  Chry/State and Zip Code  Carey Lewis 11 Ognail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAYOLAN A. LEWIS at (813) 446-7534  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{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**

Carolyn A. Leu	Jis Real E	State LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000024823</u> .	vere filed on <u>()2</u>	02 2017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
<u>Carolyn Anne Lewis, U</u>	JC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	- N/17	- 1	
Enter new mailing address, if applicable:	Nh	ω :T:	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:		records, enter the name of the new	
New Registered Office Address:			
	Enter Florida street address		
	<del></del>	Florida	
	City	Zip Coxle	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per	•	• • •	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Manager Authorized Member Name	Address	Type of Action
11111	Name	<u> 1007 639</u>	Type of Action
			☐ Remove
		<del>.</del>	Change
			Add
			Remove
			□ Change
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			Remove
			□ Change
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change

	Update EIN: 83-4598792
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Note: If	date, if other than the date of filing:  (optional)  ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed its effective date on the Department of State's records.
	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
	May 9 2019
Dated _	

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Filing Fee: \$25.00