

L17000182308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

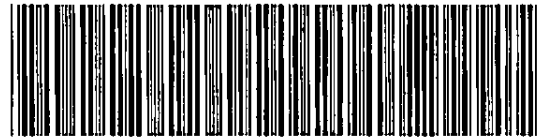
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Lewis Design 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:

Andrew Lewis

Name of Person

A Lewis Design LLC

Firm/Company

10542 CR 671

Address

Bushnell, FL 33513

City/State and Zip Code

alewisdesign@gmail.com

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

For further information concerning this matter, please call:

Andrew Lewis

352 267-8022
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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SEP 13 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
State Agency

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>
AR	Lewis, Andrew M	10542 CR 671	<input type="checkbox"/> Add
		Bushnell, FL 33513	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lewis, Andrew M	10542 CR 671	<input checked="" type="checkbox"/> Add
		Bushnell, FL 33513	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Lewis, April E	10542 CR 671	<input type="checkbox"/> Add
		Bushnell, FL 33513	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lewis, April E	10542 CR 671	<input checked="" type="checkbox"/> Add
		Bushnell, FL 33513	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 17 SEP 3 PM 2:44
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

TAX ID # 822628258

[illegible]

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 September 8

2017

Signature of a member or authorized representative of a member

April E Lewis

Typed or printed name of signee

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17 SEP 13 PM 2:48
SECOND JURY OF STATE
TALLAHASSEE, FLORIDA