L180000 43450

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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07/12/21--01018--020 **25.00

EILED 2021 JUL 12- AM 10: 1-8 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	ong Process Service, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Durana W. Lauria, Ir		
	Dwayne W. Lewis, Jr.	Name of Person	
	Lewis & Long Process Ser		
		Firm/Company	
	1610 Mockingbird Lane		
	•	Address	
	Lakeland, Florida 33803		
		City/State and Zip Code	
	dwaynelewis1993@gmail.c	om to be used for future annual report notil	Gention)
For further information c	oncerning this matter, please c	·	neactory
Dwayne W. Lewis, Jr.	γ	863 3986944	
	f Person	at ()	e Telephone Number
(Value o	F F C 1891	Area Code Payini	e receptione Number
Enclosed is a check for th	ne 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 Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations
Tallahassee. I			e Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lewis & Long Process Service, LLC	none as it now announce on any	racards)	
(Name of the Limited Liability Com (A Florida Limited	d Liability Company)	recorus.	
he Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{2/19/2018}{}$		and assigned
lorida document number 1.18000043450			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ability company here:		
lewis & Long Attorney Services, LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			202
		AIL	GENTLE OF THE PARTY OF THE PART
Enter new mailing address, if applicable:		<u> </u>	✓
Mailing address MAY BE A POST OFFICE BOX)	-		- 1 V g
Maining undress MAY BE A 1 OST OTTICE BOX)			
		17	<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>c</u>	enter the name of	the new reg
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida strevt o	address	
<u></u>		Florida	
	City		lip 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

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
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			□Remove
			□Change
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effective date is listed, the date n te: If the date inserted in this	iust be specific and cannot b	e prior to date of filir	ig or more than 90 days a	ifter filing.) P		
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_ wang	Signature of a member of	or authorized remeses	ntative of a member			_