## L20000104983

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
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## **COVER LETTER**

	gistration Sec vision of Corp					
SUBJECT:	Lewis Rooti	ng & Consulating, LLC	••			
		Name of Lim	ited Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retur	all correspor	dence concerning this matter	to the following:			
		Kevin L Smith				
			Name of Person			
		Lewis Rooting and Consul	ating, LLC			
			Firm/Company			
		10152 Sandy Run Rd				
			Address			
		Jupiter, FL 33478				
			City/State and Zip Code			
		smith_construct@hotmail.co	om to be used for future annual report notifica	tion		
For further i	nformation co	ncerning this matter, please ca		non)	2021 JUL 27	
Kevin L Sm	ith		561 768-2409			(*************************************
-	Name of	Person	Area Code Daytime Te	elephone Number	•	ويسر -
Enclosed is	a check for the	e following amount:			PH 3:	م المحمد المحمد
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number L200001566724	oany were filed on <u>06-08-2020</u>	and assigned
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 L	.iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	2
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
		17 2 · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		$\overline{\omega}$
		27
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records. <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	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

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
AR	Alix Dannewitz	10152 Sandy Run Rd	□Add
		Jupiter, FL 33478	■Remove
			□Change
			□Remove
			□Change
			□Remove
			☐ Change
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Filing Fee: \$25.00