

# L20000108453

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

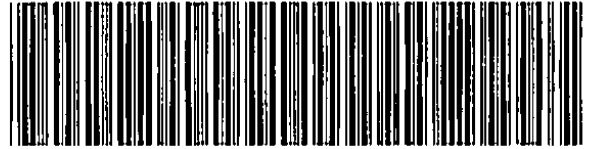
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12/17/20  
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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEWIS PRIME SOLUTIONS 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:

ARIE L LEWIS

\_\_\_\_\_  
Name of Person

LEWIS PRIME SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

6742 FOREST HILL BLVD., SUITE 286

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33413

\_\_\_\_\_  
City/State and Zip Code

ARIE.LEWIS@ICLOUD.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIE L LEWIS

561

818-9886

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 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**

LEWIS PRIME SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/21/2020 and assigned Florida document number 1.20000108453.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: ARIEL LEWIS

New Registered Office Address: 6742 FOREST HILL BLVD., SUITE 286

*Enter Florida street address*

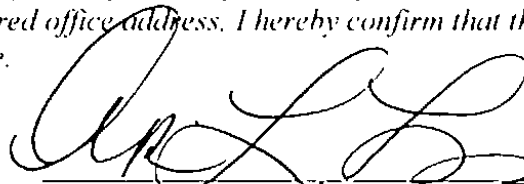
WEST PALM BEACH, Florida 33413

*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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	ARIE L LEWIS	6742 FOREST HILL BLVD	<input type="checkbox"/> Add
		SUITE 286	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Change
AMBR	ACIE D LEWIS	6742 FOREST HILL BLVD	<input type="checkbox"/> Add
		SUITE 286	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Change
AMBR	BENJAMIN J LEWIS	6742 FOREST HILL BLVD	<input type="checkbox"/> Add
		SUITE 286	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Change
AMBR	RICKIYA J PETTY	6742 FOREST HILL BLVD	<input checked="" type="checkbox"/> Add
		SUITE 286	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33413	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
WEST PALM BEACH, FLORIDA

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**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 NOVEMBER 5 2020

NOVEMBER 3, 2020

*Arjo L. L.*

Signature of a member or authorized representative of a member

ARIE L. LEWIS

Typed or printed name of signee

**Filing Fee: \$25.00**