LZO 000 159796

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	Registration So Division of Cor			
em nez		GROUP LLC		
SUBJEC	1:	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspe	ondence concerning this matter	to the following:	
		JACQUELINE O LEWIS		
			Name of Person	
			Firm/Company	
		2112 SE 5TH STREET		72.11.1.360
		CAPE CORAL, FL 33990	Address	32.20
		——————————————————————————————————————	City/State and Zip Code	
		jackyolewis@gmail.com	to be used for future annual report r	· · · · · · · · · · · · · · · · · · ·
For furthe	r information c	oncerning this matter, please c	·	iotitication)
JACQUE	LINE O LEWI	s	239 839-0405	
	Name o	f Person	`:::	time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos
F	dailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration S Division of C	Section

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

AJ LEWIS GROUP 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 Comp	pany were filed on 06/10/2020 and
	and
Florida document number L20000159796	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
A LEWIS GROUP LLC	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LEC" or the abbreviation
	<u> </u>
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
	<u> </u>
Futor was welling address if well address	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ace address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Co
	•

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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lial company has been notified in writing of this change.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type
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ffective date, if other than the date of filing: (optional) an effective date is liked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I trustate force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ocument's effective date on the Department of State's records, record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th d is filed. A COLOR OF A COLOR OF A COLOR OF A COLOR OF A MEMBER OF						
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