

L20 000 322034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

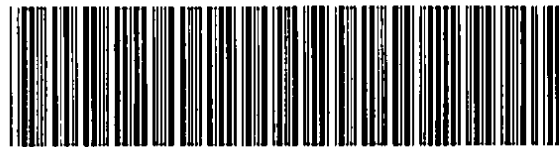
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Reject

Office Use Only



400364892804

04/26/21--01013--009 **30.00

21 JUL 19 7:14 6:59

O SIMMONS
JUL 21 2021



RECEIVED

2021 JUL 19 PM 4:31

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2021

TYREE LEWIS
8761 FOREST HILLS BLVD
CORAL SPRINGS, FL 33065

SUBJECT: CHRISTY LEWIS, LLC
Ref. Number: L20000322034

We have received your document for CHRISTY LEWIS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00014357



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2021

TYREE LEWIS
8761 FOREST HILLS BLVD
CORAL SPRINGS, FL 33065

SUBJECT: CHRISTY LEWIS, LLC
Ref. Number: L20000322034

We have received your document for CHRISTY LEWIS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE APPLICATION

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 021A00012599

RECEIVED
JUN 11 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christy Lewis, 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:

Tyree Lewis
Name of Person
Christy Lewis, LLC
Firm/Company
8761 Forest Hills Blvd
Address
Coral Springs Florida 33065
City/State and Zip Code
tychris2019@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyree Lewis 786 512 2989
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

2021 JUL 19 AM 6:59

Christy Lewis, 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 October 12, 2020 and assigned
Florida document number L20000322034.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Christy Lewis Sheek, LLC

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)

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:

New Registered Office Address:

Enter Florida street address

. **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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

2021 JUL 19 AM 6:59

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

7/12/21

Tyree Lewis

Signature of a member or authorized representative of a member

Tyree Lewis

Typed or printed name of signee

Filing Fee: \$25.00