## 122000399604

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
SUBJECT:	uis + Lewis Name of Lim	Property Group.  ited Liability Company	<u>LÜC</u>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeroya	Lewis Name of Person	
	Lewis +	Lewis Property Firm/Company	Group. LCC
	2418 Stra	Ker C+ Address	2022 05
	Orlando	Address  FL 3281  City/State and Zip Code  Of HUG (OUD 6309)  to be used for future annual report north	
	(ewis prop	pertugroup 632 gr	mail. com
For further information or	oncerning this matter, please c	all:	· · · · · · · ·
I	/)		
Deroyal	<i>Fewis</i>	at ( <u>407</u> ) <u>754 -</u> Area Code Daytime	9268
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations allahassee
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

Lewis i Lewis	Property C	Troup LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L22(XX)39960</u>	ompany were filed on _	9-13-22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	nere:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			327
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	2 PH In C5
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the name</u>	of the new regi
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	City	, Florida	Zip Code
	City		лір Сосів

## 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 wind provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	Name Jeroyal Lewis	Address 24/8 Straker ct, Orlandofl, 32	Type of Action
	·		□Remove
			Change
	<del></del>		□ Add
		- · ·	□Remove
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ective date, if other than the defective date is listed, the date must be	be specific and cannot be prior to dat	e of filing or more than 90 days	
e: If the date inserted in this blocument's effective date on the Dep		statutory filing requirements	t, this date will not be listed a
cord specifies a delayed effective ifiled.	date, but not an effective time, a	it 12:01 a.m. on the earlier o	f: (b) The 90th day after th
od 12-8-22			
ed 12-8-22	yel Laws		