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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lewis and Lewis Property Group 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:
Jeroyal Lewis Name of Person
Lewis and Lewis Property Group Firm/Company
2418 Straker Ct Address
Orlando FL 32811 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeroyal Lewis at (2107) 2801-9268 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company (A Florida Limited Lia	perty Group	· · · · · · · · · · · · · · · · · · ·
(A Fortal Ellitted Dia	r <mark>'as it now appears on our rec</mark> ibility Company)	ords.)
The Articles of Organization for this Limited Liability Company w	ere filed on 6-10	and assigned
Florida document number <u>L 22000399604</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Sunrise Phoenix Property Group	110	
The new name must be distinguishable and contain the words 'Limited Liability	Company," the designation "I	LC" or the abbreviation "EL.C."
Enter new principal offices address, if applicable:		- ::
(Principal office address MUST BE A STREET ADDRESS)		
(Timelput Office undress MOST DE A STREET ADDRESS)		<u> </u>
F-ton many modifies address (6 mod) while		=
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ade	lress
	Enter Florida street address , Florida City Zip Code	
	,	Florida
	,	Florida

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
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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If an effective Note: If the	te, if other than the late is listed, the date must date inserted in this bl ffective date on the D	t be specific and car ock does not meet	the applicable	te of filing or more th	(option an 90 days after four irements, this	iling.) Pursuant to (505.0207 (isted as (
1 ' (*)	ifies a delayed effectiv					The 90th day a	fter the
Dated	5-10-24 Jun	, _					
	1	O D.					
_		Signature of a mem	ber or authorized	representative of a	nember		
		T 1	0 .				

Filing Fee: \$25.00