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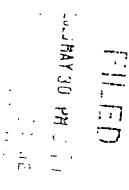
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" COVER LETTER

TO:

Registration Section

sion of Cor	porations		
	Name of Lim	ited Liability Company	
5 ml . 1 6	\$ day	and the state of the state of	
Articles of	Amendment and fee(s) are sun	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	Stefanie Lewis		
		Name of Person	
Name of Person			
	1614 SE 10th Street		
		Address	
	Fort Lauderdale, FL 33316	5	
		·	-
	-		
formation c			(incation)
Name o	f Person	Area Code Daytii	me Telephone Number
check for th	ne following amount:		
iling Fee			☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address: Registration S	ection
Division of Corporations		Division of Corporations	
			Tallahassee oe Street, Suite 810
	Articles of all corresponding Addressistration of C. Box 632	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter Stefanie Lewis 1614 SE 10th Street Fort Lauderdale, FL 33316 stefanielewis@hotmail.com E-mail address: (formation concerning this matter, please c is Name of Person check for the following amount: ding Fee \$30.00 Filing Fee & Certificate of Status	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Stefanie Lewis

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TCL Wealth Management, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>v</u>)
The Articles of Organization for this Limited Liability Company	were filed on 1/18/23	and assigned
Florida document number L23000033293		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Lewis Investment Group, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500 E Broward Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1135	
	Fort Lauderdale, FL 33394	
Enter new mailing address, if applicable:	500 E Broward Blvd	¥ 3
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1135	🛣
	Fort Lauderdale, FL 33394	
		f-1 -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	·
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zıp 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			DAdd
			□Remove
			□Change
			\ \ \ \
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Page 2 of 3

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Effective date, if other than the date of filing:	to 605,0207 (he listed as t
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the) The 90th day after the record is filed.	earlier of:
Dated MAy 26 . 2023 . Signature of a member or authorized representative of a member	
Tiche	
Signature of a member or authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00