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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 8 POKE to My. Lewis. Confirmed her's adding Seth N. Lewis. 911123 VW





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08/14/23--01019--001 **25.00

2023 AUG 14 AM 12: 17 SECRETARY OF STATE SAN AHASSEE, FL



COVER LETTER

T-C Lewis	LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Seth Lewis		
	1-2-0-30	Name of Person	
	T-C Lewis LLC		
		Firm/Company	
	11134 Wirt Rd		
		Address	
	San Antonio, FL 33576		
		City/State and Zip Code	
	mrlewiss92@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Seth Lewis	352 541-7574		
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
≦ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section **Division of Corporations**

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

1-C Lewis LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
(Triotta Zimios Zianny Comp	, miy)
The Articles of Organization for this Limited Liability Company were filed or	on <u>07/05/2023</u> and assigned
lorida document number L23000320470	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
he 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)	
	ഗ >
Inter new mailing address, if applicable:	023
Mailing address MAY BE A POST OFFICE BOX)	ZOZ3 AUG
	10 T
3. If amending the registered agent and/or registered office address on o	our records, enter the name of the new register
gent and/or the new registered office address here:	
	. Te
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	, Florida
City	Zin 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, 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>	<u>Address</u>	Type of Action
AMBR	Seth T Lewis	11134 Wirt Rd	
		San Antonio, Fl. 33576	■Remove
AMBR Seth N Lewis			□Change
	Seth N Lewis	11134 Wirt Rd	MAdd
		San Antonio, FI. 33576	□Remove
			□Change
			□Add
			☐ Remove
			☐ Change
			□Add
			□ Remove
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			□Change

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Filing Fee: \$25.00