L24000375219

(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.
J. HORNE NOV 19 2024

Office Use Only



600438742096

2024 OCT 30 PM 1: 35

COVER LETTER

TO:

TO: Registration Se Division of Cor				
SUBJECT:	THE LEE L	EWIS GROUP LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Picase return all correspo	ordence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		
		3 Greenway Plaza #13:	20	
		Address		
		Houston, TX 77046	j	
		City/State and Zip Code		
	info	o@legalcorpsolutions.	com	
5		to be used for future annual re	port notification)	
For further information of	oncerning this matter, please c	all:		
Sonia B	есегта	at (⁸⁷⁷)	777-0450	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
№ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
<u>Malling Addres</u> Registration S		<u>Street Add</u> Registrat		
Division of C	orporations	_	Registration Section Division of Corporations	
P.O. Box 632			tre of Tallahassee	
Tallahassee, l	۲ <u>۵</u> ع	2415 N. I	Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION OF 1: 35

THE LEE LEW	is CBOLID	Si. d	ESTATE
(Name of the Limited Liability Compan- (A Florida Limited Lia			7 1 (i) II 4
The Articles of Organization for this Limited Liability Company w	vere filed on	08/27/2024	and assigned
Florida document numberL24000375219			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company h	<u>cre</u> :	
The Lee Bowman			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u>-</u> -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our s	ecords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and I am Chapter 605, F.S. Oi	familiar with and r, if this document is

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
<u>AMBR</u>	AARON LEWIS	1601-1 N MAIN ST #3159	□Add
		JACKSONVILLE, FL 32206	MRcmove
			□Change
AMBR	Kevin Bowman	1601-1 N MAIN ST #3159	Ž IAdd
		JACKSONVII.LE, FL 12206	□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□ Remove
			□Remove
			Change

lf ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
_	
_	
•	
•	
If an el Note:	tive date, if other than the date of filing:
e reco	rd 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 iled.
Dated	X Signature of a member or authorized representative of a member
	X Signature of a member or authorized representative of a member
	Signature of a methods of authorses representative of a member
	Kevin Bowman

Filing Pee: \$25.00