

L130000076229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

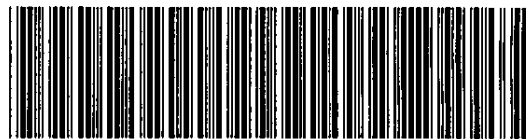
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 15 2014

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **IPT Digital, LLC**

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:

Peter Kuschnitzky

Name of Person

IPT Digital, LLC

Firm/Company

73 S. Palm Avenue Ste 219

Address

Sarasota, Florida 34236

City/State and Zip Code

peter@innovativeprintingtech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Kuschnitzky

Name of Person

at **941 870-7029**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

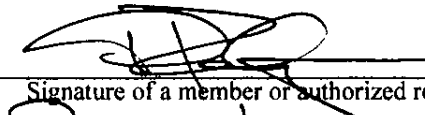
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Fred Noll	460 Dogleg Ct	<input type="checkbox"/> Add
		Roswell, GA 30076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/16/13, _____.



Signature of a member or authorized representative of a member

Peter Kuschnitzky

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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