

L16000207845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren
JAN 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lee Institute of Technology 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:

DeMario Lee
Name of Person

Lee Tech
Firm/Company

815 N Homestead Blvd unit 632
Address

Homestead FL 33030
City/State and Zip Code

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

For further information concerning this matter, please call:

DeMario Lee at (305) 247-1116
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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

Lee Institute of Technology LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 14, 2016 and assigned Florida document number L16000207845

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

815 N Homestead Blvd Unit 632
Homestead FL 33030

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

815 N Homestead Blvd Unit 632
Homestead FL 33030

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip 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

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TALLAHASSEE, FLORIDA

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> | <u>Type of Action</u> |
|--------------|-------------------|-------------------------------|---|
| Founder | DeMario Chris Lee | 113 NE 12 th Ave | <input checked="" type="checkbox"/> Add |
| | | Homestead FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Board Member | Verlene Tenner | 834 SW 1 st Street | <input checked="" type="checkbox"/> Add |
| | | Florida City FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Board Member | Deunta Tenner | 834 SW 1 st Street | <input checked="" type="checkbox"/> Add |
| | | Florida City FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Board Member | Dillin Lee | 834 SW 2 nd Street | <input checked="" type="checkbox"/> Add |
| | | Florida City FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Board Member | DeCrissy Lee | 834 SW 1 st Street | <input checked="" type="checkbox"/> Add |
| | | Florida City FL 33030 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |


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10/17/2017
9:25 AM
CLERK OF STATE
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.


Signature of _____

DeMario Chris Lee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA