

L16000207845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

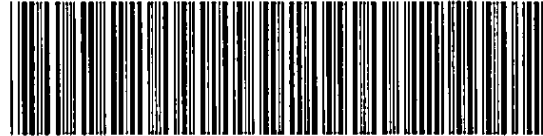
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/19--01010--020 **35.00

FILED
2019 MAR 20 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

LLC

N/C

3/21/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2019

DE MARIO LEE
1260 SE 31ST CT.
UNIT 204
HOMESTEAD, FL 33035

SUBJECT: LEE INSTITUTE OF TECHNOLOGY LLC
Ref. Number: L16000207845

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 219A00005192



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2019

DE MARIO LEE
1260 SE 31ST CT.
UNIT 204
HOMESTEAD, FL 33035

SUBJECT: LEE INSTITUTE OF TECHNOLOGY LLC
Ref. Number: L16000207845

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

It appears you are trying to convert a Florida LIMITED LIABILITY COMPANY into a Florida CORPORATION. If this is correct, you have submitted an incorrect form. Please complete the enclosed, note the correct fees at the bottom of the form and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 819A00004350

*There was a mistake the Company is remaining
an L.L.C.*

[Signature]

DeMario Lee

STATIONED
TALLAHASSEE, FL

2019 MAR 14 PM 12:09

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Nerds Print 2 GO 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

Firm/Company

1260 SE 31st Ct Unit 204

Address

Homestead FL 33035

City/State and Zip Code

demario.lee@icloud.com

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

For further information concerning this matter, please call:

DeMario Lee

Name of Person

at (305)

Area Code

890-6502

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)

paid

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 11/14/16 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:

Nords Print 260 LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2019 MAR 20 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Called in yesterday was told to fax in this form previous form was incorrect. Thank you.

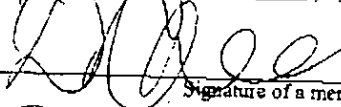
E. Effective date, if other than the date of filing: _____ (optional)

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

3/19/19



Signature of a member or authorized representative of a member

DeMario Lee

Typed or printed name of signer