

L18000267763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I LEE REI 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:

ING LEE

Name of Person

I LEE REI LLC

Firm/Company

1278 SE 7TH COURT

Address

DEERFIELD BEACH FL 33441

City/State and Zip Code

INGALEE4@YAHOO.COM

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

For further information concerning this matter, please call:

ING LEE

954 744-6411
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

LEE REE LLC

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>
AMBR	DOUG NEUHAUS	4880 N HIATUS ROAD #120	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ING LEE	1278 SE 7TH COURT	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated MARCH 10, 2023

ING LEE

Typed or printed name of signee

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RECEIVED

Filing Fee: \$25.00