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(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

LEE ELECT	TRONICS, LLC			
SUBJECT:		ited Liability Company	 	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	SHAMAHL LEE			
		Name of Person		
	LEE ELECTRONICS LLC	3		25.3
	 	Firm/Company		5555 FIT
	4516 E HWY 20, 3047			;
		Address		
	NICEVILLE, FL 32578			
		City/State and Zip Code		
	Shamahl97@gmail.com			
	E-mail address: (to be used for future annual report noti-	fication)	
For further information co	oncerning this matter, please of	all:		
Shamahl Lee		850 842 0106 at ()		
Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)	
were filed on 03/08/2021	and assigned
ility company here:	
(X	
lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
4516 E HWY 20	53
3047	222
NICEVILLE, FL 32578	, , , , , , , , , , , , , , , , , , , ,
	<u>.</u> 5
4516 E HWY 20	-
3047	***
NICEVILLE, FL 32578	<u> </u>
4516 E HWY 20 3047	
 	
Sinter Florida street address	
City, Flor	ida Zip Code
	ility company here: lity Company," the designation "LLC" of 4516 E HWY 20 3047 NICEVILLE, FL 32578 4516 E HWY 20 3047 NICEVILLE, FL 32578 address on our records, enter the street address of the first street address of t

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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
AMBR	LMI ENTERPRISES, INC	4516 E HWY 20	\ \ Add
		3045	□Remove
		Niceville, FL 36	25 78 _Change
AMBR	LMI ENTERPRISES, INC	182 N PALAFOX ST	[]Add
		SUITE 104A	■Remove
		PENSACOLA, FL 32502	☐ Change
			□ Ādd
			□Remove
			□Change
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ective date, if other than the date of f	iling:	(optional)	
effective date is listed, the date must be specifie: If the date inserted in this block does i	c and cannot be prior to date of filing	or more than 90 days after filing.	.) Pursuant to 605.029
ument's effective date on the Department		3 - 1	
		A 1: 6.43 m	004 1 4
cord specifies a delayed effective date, bu s filed.	t not an effective time, at 12:01 a	i.m. on the earner of: (b) If	ie 90th day after th
	2022		
ed July 1	, 2022		
110111	W		
34000	•		

Filing Fee: \$25.00