

L23000949622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

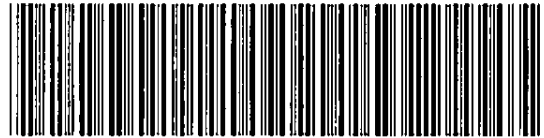
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

R. HUNT  
02/29/24

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRINT1GROUP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Kelm

Name of Person

Firm/Company

1556 International Dr.

Address

Eau Claire, WI 54701

City/State and Zip Code

dankelm@documation.com

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

For further information concerning this matter, please call:

Dan Kelm

715

552-5706

at (\_\_\_\_\_)

Name of Person

Area Code

Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ S30 Filing Fee &  
Certificate of Status

~~\$55 Filing Fee & Certified Copy~~

☐ \$60 Filing Fee.  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: PRINTIGROUP, LLC

**SECOND:** The Florida Document number of the limited liability company is: L23000449622

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V incorrectly stated that David A. Peterson was a Member. The sole Member of the LLC is:

Bradley J. Stuckert, E4299 Thorndale Rd., Eleva, WI 54738.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**



The electronic transmission of the record was defective.


\_\_\_\_\_  
Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*



\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**