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AUG 8 9 2020

COVER LETTER

TO: Amendment Section Division of Corporations
Discission of Corporations
NAME OF CORPORATION: Lee Institute of lechnology And Commi
1/1/13 (developed) 1/2/0
DOCUMENT NUMBER: NO NO O O O O O O O O O O O O O O O O
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
De Maria Chris Lee
Name of Contact Person
Firm/ Company
15,50 SW 4th Street
Address
Home Stead +1 32020
City/ State and Zip Code
dlag (lag lag) 1/12 (xg
U ree a ree tech Ria. U g
E-mail address: (to be used for future annual report notification)
Configuration to the control of the
For further information concerning this matter, please call:
1) Mario 100 305, 462-4211
Name of Contact Person Area Code & Daytime Telephone Number
Final and in a short for the following any most annually to the Florida Demonstrator of States
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy enclosed) (Additional Copy
is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations The Control of Tablehood to
P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation

Articles of Incoi	rporation
Lee Institute of Technology And	Community Development Corporation
(Name of Corporation as currently	meg with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this FI	larids Profit Corneration adopts the following amendments: to
its Articles of Incorporation:	mad 1 right Comportation adopted the following differentiation (2) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A mediatered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany," or "incorporated" or the abbreviation "Corp.,"
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1350 SW 4th Street Home Stead FL 33030
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	. 20
	
(Florida stree	address) ———————————————————————————————————
New Registered Office Address:(0	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Res	zistered Agent, if changing
Check if applicable	

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add	Title Name P De Mario Chris Lee	Address 1350 Swyth Street Homestead FL 33030
2) Change Add	V Taylor Monique Carter	1350 SW 4th Street Home Stead FL 33030
Remove 3) Change		
Add Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

Mtach <i>addi</i>	g or adding a itional sheets,	dditional Art if necessary).	ieles, enter e: Be specifi)	hange(s) he	<u>re</u> :			
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f an amen	dment provid s for impleme	des for an exc	hange, recla	ssification,	or cancellation	on of issued s	shares,	
(if not	applicable, ir	ndicate N/A)	Chamen 11 11	ior containe	a in the unit		<u>-</u>	
								
					-			
				•				

The date of each amendment(s) ado late this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo- locument's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rement of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval dent / Vice President." (voting group)
Dated	25/2023 L'Acree
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
_	De Mario Chris Lee
	(Typed or printed name of person signing)
_	Yre Sident
	(Title of person signing)