



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000026800 3)))



H200000268003ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.
Account Number : I20040000147
Phone : (239)263-6000
Fax Number : (239)263-6757

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jbrugger@forsythbrugger.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRENCH QUARTER COLLIER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2020 JAN 23 PM 5:06

O SIMMONS



January 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FRENCH QUARTER COLLIER, LLC
501 GOODLETTE RD. N.
D-100
NAPLES, FL 34102

SUBJECT: FRENCH QUARTER COLLIER, LLC
REF: L06000110159

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Octavia L Simmons FAX Aud. #: H20000025187
Regulatory Specialist II Supervisor Letter Number: 120A00001622

01-23-'20 16:40 FROM- Forsyth Brugger

239-263-6757

T-054 P0003/0006 F-441
H20000026003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: French Quarter Collier 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:

John N. Brugger
Name of Person

Forsyth & Brugger P.A.
Firm/Company

600 5th Avenue South Suite
Address

Naples Florida 34102.
City/State and Zip Code

Jbrugger@forsythbrugger.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John N. Brugger
Name of Person

at (239)
Area Code

263-6000
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

H200000268003

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

French Quarter Collier 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 01/07/2016 and assigned
Florida document number 206000110159.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L."

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**)

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:

John N. Brugger

New Registered Office Address:

600 5th Avenue S. Suite 207

Enter Florida street address

NAPLES

City

, Florida 34102

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

H200000268003

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>
MGR	John Callis	501 Goodlette Rd	<input type="checkbox"/> Add
		N. D-100 Naples FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Herbert C. Pohlmann Jr.	501 Goodlette Rd	<input checked="" type="checkbox"/> Add
		N. D-100 Naples FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JAN 29 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

14200000268003

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

FILED
2020 JAN 23 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FL

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 January 22nd 2020

Signature of a member or authorized representative of a member

John N. Brugger
Typed or printed name of signee

Filing Fee: \$25.00

11300000268003