

L11000098904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

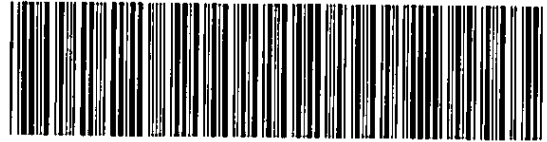
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Handwritten signature/initials

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: LEE & ASSOCIATES FT. MYERS/NAPLES VENTURE CAPITAL, 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:

Gerald Messonnier

Name of Person

LEE & ASSOCIATES FT. MYERS/NAPLES, LLC

Firm/Company

6300 Techster Blvd, Suite 1

Address

Fort Myers, FL 33966

City/State and Zip Code

jmessonnier@lee-associates.com

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

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2021 SEP - 1 PM 3:17  
STATE OF FLORIDA  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Gerald Messonnier      239      210-7610  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LEE & ASSOCIATES FT. MYERS/NAPLES VENTURE CAPITAL, 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 08/29/2011 and assigned  
Florida document number L11000098904.

This amendment is submitted to amend the following:

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

LEE & ASSOCIATES FT. MYERS VENTURE CAPITAL, LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

6300 Techster Blvd, Suite 1

Fort Myers, FL 33966

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6300 Techster Blvd, Suite 1

Fort Myers, FL 33966

**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:

Gerald Messonnier

New Registered Office Address:

6300 Techster Blvd, Suite 1

*Enter Florida street address*

Fort Myers

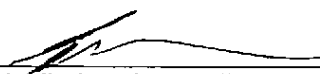
Florida 33966

*City*

*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**

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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2024 SEP 21 PM 3:17  
CLERK OF STATE  
TAMM, ALAN, ESQ., LLC

2021 SEP -1 PM 3:17  
S. COREY / 110 E STATE  
TALLAHASSEE, FL

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(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.

Dated August 30 2021

 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**