

LB000100492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

LB-100492

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Lee Bridge Fund Associates, 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:

Joseph M. Madden Jr  
Name of Person

Madden Law Firm LLC  
Firm/Company

2277 Main Street  
Address

Fort Myers, FL 33901  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph M. Madden Jr at ( 239 ) 332-2100  
Name of Person Area Code 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2014

JOSEPH M MADDEN JR  
MADDEN LAW FIRM LLC  
2277 MAIN STREET  
FORT MYERS, FL 33901

SUBJECT: LEE BRIDGE FUND ASSOCIATES, LLC  
Ref. Number: L13000100492

We have received your document for LEE BRIDGE FUND ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 414A00017616

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

FILED

2014 SEP -8 PM 3:57

Lee Bridge Fund Associates, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

CLAY COUNTY, FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/15/13 and assigned Florida document number 43000100492.

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 end with 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)

1808 SE 37<sup>th</sup> Ter  
Cape Coral, FL 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1808 SE 37<sup>th</sup> Ter  
Cape Coral, FL 33904

**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:

Madden Law Firm, LLC

New Registered Office Address:

2277 main St.

Enter Florida street address

Fort Myers

City

Florida

33901

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	James E Kinsey Jr	9101 W. College Pt Dr #1	<input type="checkbox"/> Add
		Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Remove
MGR	Michael McQuagge	P.O. Box 810	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33902	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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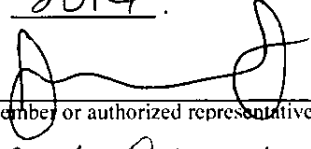
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 22, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Registered Agent, Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA