

# L21000443625

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

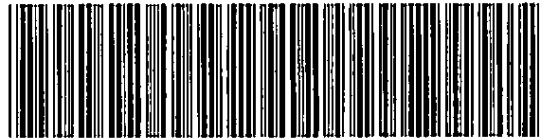
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

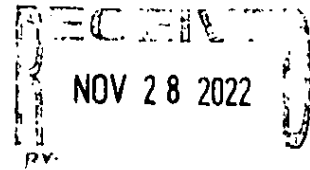
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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A. RIVERS

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: City of Palms Bridge Club, 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:

DONALD K. McCullough Jr.  
Name of Person

City of Palms Bridge Club  
Firm/Company

12903 EPPING WAY  
Address

FORT MYERS, FL 33913-8350  
City/State and Zip Code

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

For further information concerning this matter, please call:

DON McCullough at 419 343-9425  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Already sent check for \$52.50

☐ \$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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

City of Palms Bridge Club, 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 Oct. 11<sup>th</sup>, 2021 and assigned Florida document number L21000443625

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16520 S. TAMiami TRAIL  
Suite 215  
Font MYERS, FL 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12903 EPPING WAY  
Font MYERS, FL 33913-8350

**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:

New Registered Office Address:

Enter Florida street address

Florida

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>
<u>MGR</u>	<u>GEORGE LOWERY</u>	<u>8701 BANYAN BAY</u>	<input type="checkbox"/> Add
		<u>FORT MYERS, FL 33908</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JIM BURT</u>	<u>5680 CHELSEY LANE</u>	<input type="checkbox"/> Add
		<u>APT. #104</u>	<input checked="" type="checkbox"/> Remove
		<u>FORT MYERS, FL 33912</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

Donald K. McCullough

Signature of a member or authorized representative of a member

DONALD K. McCullough JR.  
Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2023

DONALD K MCCULLOUGH JR.  
12903 EPPING WAY  
FORT MYERS, FL 33913

SUBJECT: CITY OF PALMS BRIDGE CLUB , LLC  
Ref. Number: L21000443625

We have received your document for CITY OF PALMS BRIDGE CLUB , LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 323A00003123

