

L12000000075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

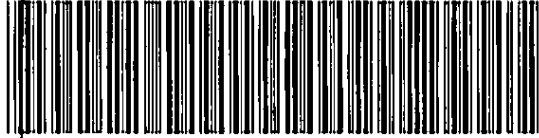
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR - 6 PM 7:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALICE'S PARKSIDE INVESTMENTS, 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:

BART E CASON

Name of Person

ALICE'S PARKSIDE INVESTMENTS, LLC

Firm/Company

PO BOX 515

Address

HIGH SPRINGS, FL 32655

City/State and Zip Code

wcarter@svic.net

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

For further information concerning this matter, please call:

BART E CASON

352 318-7708
at ()

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

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

ALICE'S PARKSIDE INVESTMENTS, 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 01/03/2012 and assigned Florida document number L1200000075.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

19358 NW US HWY 441
HIGH SPRINGS, FL 32643

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 515
HIGH SPRINGS, FL 32655

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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>
MGR	BART E CASON		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO BOX 515 HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Change
Trustee	BART E CASON		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO BOX 515 HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Change
MGR	DANIEL J CROLEY JR	305 OAK FOREST LN WARNER, Robin, GA 31088	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Trustee	DANIEL J CROLEY JR	305 OAK FOREST LN WARNER Robins, GA 31088	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAM JACKSON CASON, JR		<input type="checkbox"/> Add
		2270 SE 41 WAY TRENTON, FL 32693	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Trustee	SAM JACKSON CASON, JR		<input type="checkbox"/> Add
		2270 SE 41 WAY TRENTON, FL 32693	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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


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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 FEBRUARY 24 2018



Signature of a member or authorized representative of a member

BART E CASON

Typed or printed name of signer