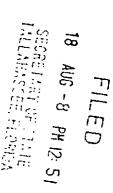
· (Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
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## **COVER LETTER**

SURIFCT	ALICE'S PARKSIDE INVESTMENTS, LLC  Name of Limited Liability Company			
SUBJECT.				
The enclosed	Articles of Ar	nendment and fee(s) are submi	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		BART E CASON		
			Name of Person	
		ALICE'S PARKSIDE INVE	STMENTS, LLC	
	Firm/Company			<del> </del>
	PO BOX 515			
Address				
HIGH SPRINGS, FL 32655				
City/State and Zip Code				
	wearter@svic.net			
		E-mail address: (to	be used for future annual report no	otification)
For further in	oformation con	cerning this matter, please call	:	
BART E CA	SON		352 318-7708	
Name of Person at ()  Name of Person Area Code Daytime Telephone Number			me Telephone Number	
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

TO:

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 INVESTME	INTS, LLC		
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L	iability Compan	y were filed on $01/03/2$	and assigned
Florida document number L120000000075			<b>1</b> .0 <b>6</b>
This amendment is submitted to amend the foll	owing:		馬里
A. If amending name, enter the new name o	f the limited lia	bility company here:	FILED PH
The new name must be distinguishable and contain the v	vords "Limited Liab	oility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<del></del>	<b>製造 5</b>
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 515 HIGH SPRINGS, F	_ 32655
B. If amending the registered agent and registered agent and	or registered (		r records, enter the name of the ne
registered agent and or the new registered o	ince nauress ne	<u>17</u> .	
Name of New Registered Agent:	Wendy L. Car	ter	
New Registered Office Address:	1660 NW 120	th Street	
		Enter Florida s	treet address
	Chiefland		Florida 32626
		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.

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>	Type of Action
MGR	SAM JACKSON CASON, SR	2270 SE 41st Way Trenton, FL 32693	Add
•			■ Remove
			Change
Trustee	SAM JACKSON CASON, SR	2270 SE 41st Way Trenton, FL 32 <b>6 9</b> 3	🗆 Add
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ffective date, if other than the an effective date is listed, the date in	ne date of filing:  must be specific and cannot be prior to date of fi	(optional) iling or more than 90 days after filing.) Pursuant to 605.02
tote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statut	ory filing requirements, this date will not be listed
		ective time, at 12:01 a.m. on the earlier
The 90th day after the re	ecord is filed.	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

# ALICE'S PARKSIDE INVESTMENTS, LLC

July 27, 2018

Attn: Division of Corporations

Re: Document Number L12000000075

This Letter is to inform you that the Amendment filed on July 19, 2018 was filed without approval, consent, knowledge or authorization from myself Bart E. Cason or Daniel J. Croley, Jr. who are the Sole Managers and Trustees of the Walker and Brooks Irrevocable Trust utd 12/31/2011, which owns and controls Alice's Parkside Investments, LLC. This Amendment also does not contain either one of our signatures, which is required for this amendment to have been filed and to be considered valid. Sam Jackson Cason, Sr. is not an owner, manager, trustee or authorized signer of this company to have the authority to add a new member by filing and signing an Amendment to the Articles of Organization for Alice's Parkside Investments, LLC.

Bart E Cason and Daniel J. Croley, Jr. are the sole trustees and have sole control over the trust and what is owned by the trust as stated in the Irrevocable Trust. The LLC Operating Agreement also states the company is owned by the trust and controlled by the trustees who are to be the only individuals authorized to be managers of this company.

Please note that Bart E Cason and Daniel J Croley, Jr. are the only ones who have the power to add, remove or make changes to and for this company. On July 19, 2018 another amendment was submitted by Sam Jackson Cason, Sr. after previously being advised not to do so again. This amendment also did not include either one of our signatures, in fact it included no signature at all and again is to be considered invalid and fraudulent. Therefore, since Sam Jackson Cason. Sr. has submitted an additional amendment to make unauthorized changes again to this company, the trustees are now left with no alternative but to seek legal action against him. Per Florida Statute 817.155 false information submitted in a document to the Department of State constitutes a third degree felony.

This new Amendment to the Articles of Organization is being filed is to change the contact person and company mailing address back to Bart E Cason and his address. To also change the Registered Agent to Wendy L Carter and to remove Sam Jackson Cason, Sr as a manager and trustee.

Regards.

Bart E. Cason

STATE OF FLORIDA	
COUNTY OF Alackua	
The foregoing instrument was acknowledged be by	efore me this $\frac{28}{48}$ day of $\frac{July}{20/8}$ ,
Personally known	Mechae XII
	(Signature of Notary Public-State of Florida)  MICHAEL HREHA MY COMMISSION # GG134189 EXPIRES September 07, 2021
	(Name of Notary Typed, Printed or Stamped