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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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:

Sam Jackson Cason Sr.
Name of Person

Firm/Company

2270 SE 41ST Way
Address

Trenton FL 32693
City/State and Zip Code

RoseCason1913@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Cason Sr. at 352 240 4943
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)

100.00
for filing
deed also.

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 2019 11:20 EC: 84
(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 L12000000075

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2270 SE 41ST Way
Trenton FL 32693

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:

Sam Jackson Cason Sr.

2270 SE 41ST Way
Enter Florida street address

Trenton City Florida 32693 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.

Sam J Cason Sr
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>
Owner			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Trustee	Sam Jackson Cason SR.	2270 SE 4 th Way	<input checked="" type="checkbox"/> Add
		Trenton FL 32693	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

* Please file the copy of the
New deed with HTIS.
Thanks.

E. Effective date, if other than the date of filing: ~~01/23/2019~~ (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 01/23/2019.

Sam Jackson Cason Sr.

Signature of a member or authorized representative of a member

Sam Jackson Cason SR.

Typed or printed name of signee

PREPARED BY:

ALICE WALKER
P O BOX 119
HIGH SPRINGS, FL 32655

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

ALICE WALKER
P O BOX 119
HIGH SPRINGS, FL 32655

MAIL TAX STATEMENTS TO:

SAM JACKSON CASON AND
BART EDWARD CASON
P O BOX 119
HIGH SPRINGS, FL 32655

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

GENERAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS GENERAL WARRANTY DEED, made and entered into on the 30th day of January, 20 18, between ALICE WALKER, an unmarried person, whose address is P O Box 119, High Springs, Florida 32655 ("Grantor"), and SAM JACKSON CASON (50%), whose address is 2270 SE 41st Way, Trenton, Florida 32693, and BART EDWARD CASON (50%), whose address is P O BOX 119, High Springs, Florida 32655 ("Grantees").

For and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby Grants, Bargains, Sells, and Conveys with general warranty covenants to Grantees, as Tenants in Common, the property located in Alachua County, Florida, described as:

WITNESSETH, that the said Grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee/s, all that certain land situated in Alachua County, Florida viz:

Lots 2, 5 and 6 of Block 35, South of Highway 20 in G.E. Foster's Addition to the City of High Springs, Florida, as per plat thereof recorded in Plat Book "A", page 6 of the Public Records of Alachua County, Florida, less than that portion of Lot 2 described as follows: Begin at the Southeast Corner of said Lot Two (2) and run North 26 deg. 32 min. 26 sec. East 23.37 feet; thence run North 34 deg. 45 min. 34 sec. West, 135 feet; thence run Southwesterly, 96.60 feet, more or less to the Southwest Corner of said Lot Two (2), thence run South 63 deg. 27 min. 34 sec. East, 150.00 feet to the Point of Beginning. NOTE: SUBJECT PROPERTY IS NOT THE

HOMESTEAD OF THE GRANTOR, BUT INCLUDES REAL ESTATE, BUSINESS AND
ALL CONTENTS.

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and
restrictions of record.

Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions,
rights of way and easements of record the Grantor hereby covenants with the Grantees that the
Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell
and convey the same, and that the Grantor, Grantor's heirs, executors and administrators shall
warrant and defend the title unto the Grantees, Grantees' heirs and assigns against all lawful
claims whatsoever.

Tax/Parcel ID Number: 00694-000-000

IN WITNESS WHEREOF the Grantor has executed this deed on the 30th day of
January, 2018

1-30-18

Date

Alice Walker

ALICE WALKER, Grantor

Witnessed by

Printed name: MARLA COPELAND ESTY

Address: P O BOX 2066
HIGH SPRINGS, FL 32655

Witnessed by

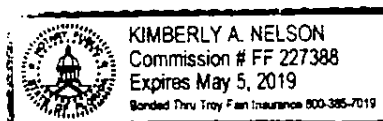
Printed name: LONA WITHERSPOON

Address: 24856 OLD BELLAMY ROAD
HIGH SPRINGS, FL 32643

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this the 30th day of
January, 2018 by ALICE WALKER who is personally known to
me or has produced _____ as identification and who did/did
not take an oath.

Kimberly A. Nelson
Signature of Notary/Deputy Clerk



Kimberly A. Nelson Printed Name of Notary/Deputy Clerk

My Commission expires: May 5, 2019