

L12 000 000 075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED

2019 FEB 19 PM 6:42

Amend/cc

FEB 22 2019

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALICE'S PARKSIDE INVESTMENT, 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 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)

PO BOX 515
HIGH SPRINGS, FL 32655

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:

WENDY L CARTER

New Registered Office Address:

1660 NW 120TH STREET

Enter Florida street address

CHIEFLAND

City

Florida 32626

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.


Wendy L. Carter
If Changing Registered Agent, Signature of New Registered Agent

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
TO	SAM JACKSON CASON, SR		<input type="checkbox"/> Add
		2270 SE 41ST WAY TRENTON, FL 32693	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
TRUSTEE	SAM JACKSON CASON, SR		<input type="checkbox"/> Add
		2270 SE 41ST WAY TRENTON, FL 32693	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<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.)

This amendment is being recorded to correct and reverse the changes made by the Amendment filed

on 01/28/2019. This Amendment filed was fraudulent and was signed by Sam Jackson Cason, Sr., who

is not part of this company and does not have the authority to make these changes or sign this

document. The attached deed is also invalid and fraudulent due to Alice Walker no longer held title

to the property for this business at the time this deed was executed. Therefore, Sam Jackson Cason

and Bart E Cason are not co-owners. The property for this business is currently owned by Alice's

Parkside Investments, LLC.

E. Effective date, if other than the date of filing: _____ (optional)

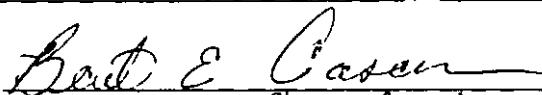
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 13, 2019



Signature of a member or authorized representative of a member

BART E CASON

Typed or printed name of signer