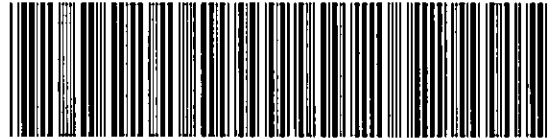


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
20 MAR 31 PM 5:04

*Amend*

MAR 31 2020

D CUSHING

**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  
P.O. 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:

WENDY L CARTER at (352) 535-5067  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
20 MAR 31 PM 5: 04

DATE: MARCH 27, 2020

TO: DIVISION OF CORPORATIONS

ATTN: DIANE CUSHING, ADMINISTRATOR

FROM: WENDY CARTER, REGISTERED AGENT OF ALICE'S PARKSIDE INVESTMENTS, LLC

PHONE NO: 352-535-5067

EMAIL: wcarter@svic.net

RE: REVOCATION OF DISSOLUTION AND AMENDMENT TO REMOVE SAM JACKSON CASON, SR.

NOTES: PLEASE FILE THE REVOCATION OF DISSOLUTION FIRST SO THE AMENDMENT CAN BE FILED SECOND. (I'm sure you know this but I wanted to include that to be on the safe side.) NEXT PLEASE INCLUDE WITH THE AMENDMENT ON THE SUNBIZ SITE FOR OUR COMPANY THE ATTACHED LETTER. I WANT OTHERS TO BE ABLE TO READ THIS IF THEY GO TO RESEARCH OUR COMPANY, ESPECIALLY WITH EVERYTHING GOING ON, THEY NEED TO BE MADE AWARE.

THANK YOU AGAIN SO MUCH FOR YOUR HELP,



WENDY CARTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR 31 PM 5:04

MARCH 27, 2020

EXPLANATION FOR AMENDMENT

This amendment is being submitted to remove once again Sam Jackson Cason, Sr., as a Manager and Trustee, along with Owner and Operating Manager. Sam Jackson Cason, Sr. has never been and never will be a manager to this company. He along with his spouse Rose Cason has continued to submit fraudulent amendments along with Dissolutions to the Division of Corporations for this company. They appear to be under some misconception that just because they are relatives to Bart E Cason, Daniel J Croley, Jr., Alice Walker and Lola Brooks they have a superior interest and ownership in this company; however, they do not. Alice's Parkside Investments, LLC, is owned and controlled by the WALKER AND BROOKS IRREVOCABLE TRUST AGREEMENT DATED DECEMBER 31, 2011. This trust is still active, not revoked and funded. The Trust and LLC state there are only 2 trustees and these trustees are the only ones allowed to be managers of this company. The two trustees are Bart E. Cason and Daniel J. Croley, Jr. There is also a statement within the trust that explains even though they have other children and grandchildren that they love, they have made no provisions for them in this Trust, which includes Sam Jackson Cason, Sr. Therefore, Sam Jackson Cason, Sr. does not have the authority to add himself as a Manager, Trustee, Owner or Operating Manager to this company or dissolve this company. Either Bart E. Cason or Daniel J Croley, Jr. must sign an amendment to this company and any amendment submitted without one of their signatures should be considered illegal and fraudulent.

We currently have 2 open court cases in Alachua County (Civil Case No. 2020 CA 000115 and Criminal Case No. 2019 CF 003182A) against Sam Jackson Cason, Sr., Rose Cason and Sam Jackson Cason, Jr. for illegal activity of these amendments and dissolutions. Along with fraudulent deeds recorded in the Official Records, attempting to convey ownership of the property that Alice's Parkside Restaurant is located.

I know you cannot stop them from submitting documents but I want this information included with this amendment so if others research this company they can be made aware of the fraudulent activity and current legalities going on with this company and these individuals.

Thank you,

A handwritten signature in black ink, appearing to read "Wendy Carter", with a long horizontal flourish extending to the right.

Wendy Carter

Registered Agent for Alice's Parkside Investments, LLC

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR 31 PM 5: 01

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 "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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>
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
OWNER	SAM JACKSON CASON SR	_____	<input type="checkbox"/> Add
		2270 SE 41ST WAY TRENTON, FL 32693	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	SAM JACKSON CASON SR	_____	<input type="checkbox"/> Add
		2270 SE 41ST WAY TRENTON, FL 32693	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
OPERATING MGR	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
		_____	<input 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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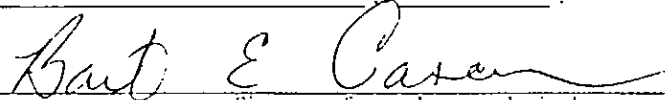
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E. **Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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 MARCH 27 2020

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

BART E CASON, MANAGER AND TRUSTEE  
 \_\_\_\_\_  
 Typed or printed name of signee