

L120000 91279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

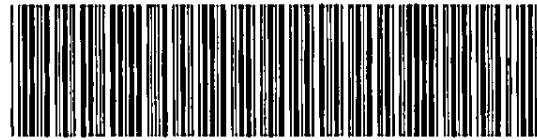
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327219512

04/04/18--01018--013 **25.00

OFFICE OF
TALLAHASSEE COUNTY

2018 APR -4 P 6:36

FILED

4/12/18 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALICOR ENTERPRISES LLC - L12000091279
Name of Limited Liability Company EIN # 35-2450414

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANIEF MICHAEL ALI

Name of Person

ALICOR ENTERPRISES LLC

Firm/Company

5107 WINDINGBROOK TRAIL

Address

WESLEY CHAPEL, FLORIDA 33544

City/State and Zip Code

alikor llc@yahoo.com

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

For further information concerning this matter, please call:

Hanief Michael Ali

Name of Person

at (813)

Area Code

758-0245

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



FILED
2018 APR -11 P 6:35
TALLAHASSEE, FLORIDA

ALICOR ENTERPRISES LLC

 N/A

[Signature]

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>
AUTHORIZED			
MEMBER	BLACK CASTLE HOLDINGS LLC		<input type="checkbox"/> Add
	1712 PIONEER AVENUE		
	CHEYENNE, WY 88001		<input checked="" type="checkbox"/> Remove

		2630 PEARCE DRIVE	<input type="checkbox"/> Change
AUTHORIZED			
MEMBER	KAREN K BENSON	BLDG 11, UNIT 204	<input type="checkbox"/> Add
		CLEARWATER, FLORIDA	
		33764	<input type="checkbox"/> Remove

			<input checked="" type="checkbox"/> Change
--	--	--	--

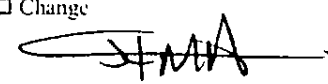
CHANGE TO

MEMBER	KAREN K [AKA] BENSON		<input type="checkbox"/> Add
		2630 PEARCE DRIVE	<input type="checkbox"/> Remove
		BLDG 11, UNIT 204	<input type="checkbox"/> Change
		CLEARWATER, FLORIDA	<input type="checkbox"/> Add
		33764	

2013 APR - 11 10:35
FILED

FILED

			<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.)

MEMBER

KAREN K [ALI] BENSON

2630 PEARCE DRIVE, BLDG 11, UNIT 204

CLEARWATER, FLORIDA, 33764

2019 APR -4 P 6:36
STATE OF FLORIDA
TALLAHASSEE

FILED

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 28TH 2019



Signature of a member or authorized representative of a member

HANIEF MICHAEL ALI

Typed or printed name of signee

