

L16000002257

(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:

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OCT 17 2018

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ALCC, 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:

Renee Bryant
Name of Person
ALCC, LLC
Firm/Company
1050 Corporate Ave, #110
Address
North Port, FL 34289
City/State and Zip Code
rkb522@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Bryant at (941) 716-5199
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2018 OCT -1 AM 10:50

RECEIVED

2018 OCT -1 AM 11:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

RENEE BRYANT
ALCC, LLC
2565 N TOLEDO BLADE BLVD UNIT 3
NORTH PORT, FL 34289

SUBJECT: ALCC, LLC
Ref. Number: L16000002257

We have received your document for ALCC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 318A00017261

REC
12:00
18 SEP
DIV OF STATE
TALLAHASSEE
FLORIDA

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

ALCC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
FLORIDA SECRETARY OF STATE
2016 OCT -1 11:11:49

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L 16000002257.

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)

1050 Corporate Ave, # 110
North Port, FL 34289

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1050 Corporate Ave, # 110
North Port, FL 34289

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:

Renee Bryant

New Registered Office Address:

1050 Corporate Ave, # 110

Enter Florida street address

North Port

City

Florida

34289

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.

Renee Bryant

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>
MGR	Justin Mays	2565 N. Toledo Blade Blvd	<input type="checkbox"/> Add
		Unit 3	<input checked="" type="checkbox"/> Remove
		North Port, FL 34289	<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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

(b) The 90th day after the record is filed.

Dated Sep. 27 2018

Ripley Bryant
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Renee Bryant

Typed or printed name of signee