

116000215773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

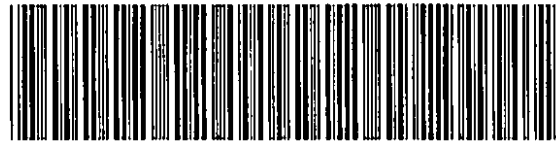
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 OCT 20 PM 2:07

DIVISION OF

O. SIMMONS
OCT 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2017

DIANICA FIELDS
PO BOX 7471
LAKELAND, FL 33807-7471

SUBJECT: ALL SONS PROPERTIES LLC
Ref. Number: L16000215773

We have received your document for ALL SONS PROPERTIES LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 517A00020177

2017 OCT 20 AM 12:46

OFFICE OF THE SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL SONS PROPERTIES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANICA JOAN FIELDS

Name of Person

ALL SONS PROPERTIES LLC

Firm/Company

P.O. BOX 7471

Address

LAKELAND FL 33807-7471

City/State and Zip Code

ALLSONSPROPERTIES@GMAIL.COM

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

For further information concerning this matter, please call:

DANICA JOAN FIELDS

Name of Person

at (863) 559-4545

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

ALL SONS PROPERTIES 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 11-28-2016 and assigned
Florida document number L16000215773.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

822 VISTABULA STREET

LAKELAND FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 7471

LAKELAND FL 33807

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:

DANICA JOAN FIELDS

New Registered Office Address:

822 VISTABULA STREET

Enter Florida street address

LAKELAND

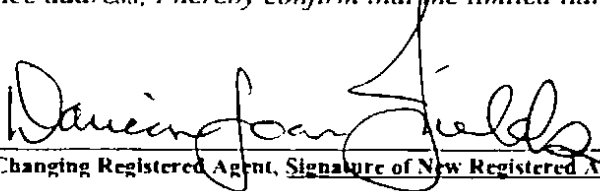
Florida 33801

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

Title	Name	Address	Type of Action
MGR	STORMY L. FOXEN	1025 SUCCESS AVENUE	<input type="checkbox"/> Add
		LAKELAND FL 33803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IAN HUNTER FOXEN	822 VISTABULA STREET	<input type="checkbox"/> Add
		LAKELAND FL 33801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANICA JOAN FIELDS	822 VISTABULA STREET	<input checked="" type="checkbox"/> Add
		LAKELAND FL 33801	<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

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SUBMITTED FOR ACTION

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

Handwritten lines for amending information.

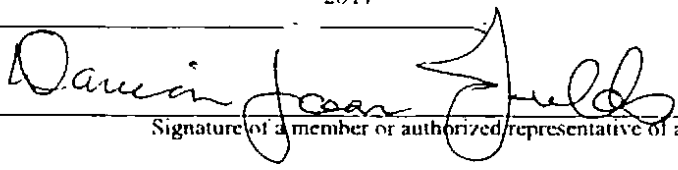
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DIVISION OF

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 OCTOBER 1 2017



Signature of a member or authorized representative of a member

DANICA JOAN FIELDS

Typed or printed name of signee