

H16 000 226 460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

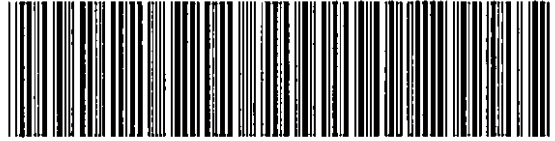
(Document Number)

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2021 NOV 30 PM 12:00
OFFICE OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 NOV 30 AM 11:36
TALLAHASSEE

November 12, 2021

ANDREW N DENNIS III
1906 ATHENS AVE
PENSACOLA, FL 32507

SUBJECT: A & L PROPERTIES, LLC
Ref. Number: L16000226460

We have received your document for A & L PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2017 annual report. The entity must be reinstated before this document can be filed.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00027465

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

A & L 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 December 15 2016 and assigned Florida document number L16000226460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A & L Properties of Pensacola, LLC

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

SEP 11 2021 NOV 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL
END

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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.)*

Multiple horizontal lines for amending information.

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 26 2021

Andrew N Dennis III

Signature of a member or authorized representative of a member

Andrew N Dennis III

Typed or printed name of signee

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

16000226460

DOCUMENT # L16000226460

1. Limited Liability Company's Name
 A & L Properties, LLC

2. Principal Office Address - No P.O. Box # 1906 Athens Ave Suite, Apt. #, etc		3. Mailing Office Address 1906 Athens Ave Suite, Apt. #, etc	
City & State Pensacola, Florida		City & State Pensacola, Florida	
Zip 32507	Country USA	Zip 32507	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida/Escambia	
5. Date Organized or Qualified To Do Business in Florida 12/15/2016	
6. FEI Number 37-1845463	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
Andrew N Dennis III

Street Address (P.O. Box Number is Not Acceptable) Suite
1906 Athens Ave

Apt #, Etc

City Pensacola	State FL	Zip Code 32507
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200377307002
 11/30/21--01005--004 **500.00

200377307002
 11/30/21--01005--005 **296.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Andrew N. Dennis III Date 11/29/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGR	Dennis, Andrew N, III	1906 Athens Ave	Pensacola, Florida 32507
MGR	Denis, Lyne B	1906 Athens Ave	Pensacola, Florida 32507

Y. Sutter
 Nov 30 2021

11. E-mail Address skip554@cox.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Andrew N. Dennis III Date 11/29/2021 Daytime Phone # 932 418-1684

Typed or printed name of signing authorized representative/member