

L18000 234472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

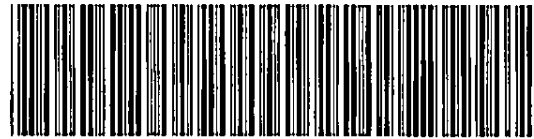
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 16 2019
S. YOUNG

FILED
19 APR -8 PM 5:21
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJESTIC BUILDING UNLIMITED LLC - EIN # 83-2145678
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:

HANIEF MICHAEL ALI

Name of Person

MAJESTIC BUILDING UNLIMITED LLC

Firm/Company

5107 WINDINGBROOK TRAIL

Address

WESLEY CHAPEL, FLORIDA 33544

City/State and Zip Code

majesticbuildingllc@gmail.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) 758-0245

Area Code

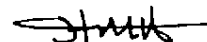
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAJESTIC BUILDING UNLIMITED 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 OCTOBER 03RD, 2018 and assigned
Florida document number L18000234472

This amendment is submitted to amend the following:

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

ALICOR HOLDINGS 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

[Signature]

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

AMBR	KAREN K. BENSON	2630 PEARCE DRIVE, BLDG 11, UNIT 204, CLEARWATER, FLORIDA 33764	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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CHANGE TO

AMBR	KAREN K. [ALI] BENSON	2630 PEARCE DRIVE, BLDG 11, UNIT 204 CLEARWATER, FLORIDA 33764	<input type="checkbox"/> Add <input type="checkbox"/> Remove
------	-----------------------	-------------------------------------------------------------------	-----------------------------------------------------------------

Title Treasurer

Benson, Barry D
2630 Pearce Drive
204, Building 11
Clearwater, FL 33764

☐ Change

☐ Add

☒ Remove

☐ Change

☐ Add

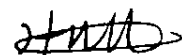
☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change



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

AMBR

KAREN K. [ALI] BENSON

2630 PEARLE DRIVE, BLDG 11, UNIT 204, CLEARWATER

FLORIDA 33764

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 APRIL 04TH 2019

Hamief Michael Ali

Signature of a member or authorized representative of a member

HAMIEF MICHAEL ALI

Typed or printed name of signee

STALLA