

L21000046988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2021 JUL 19 AM 10:39
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: All County Palms LLC

Name of Limited Liability Company

2021 JUL 19 PM 4:32

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

Please return all correspondence concerning this matter to the following:

Youssef Aradj

Name of Person

All County Palms Property Management

Firm/Company

7320 East Fletcher Ave

Address

Tampa, FL 33637

City/State and Zip Code

sunnysidegrp@gmail.com

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

For further information concerning this matter, please call:

Hon Wong

727

7443264

at ()

Name of Person

Area Code

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)

PLEASE REFUND \$ 27.50 TO: ALL COUNTY TAMPA BAY
5411 BEAUMONT CTR BLVD, # 755
TAMPA, FL. 33634

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ERROR IN PREVIOUS FILING, FLORIDA DOC # MISSING

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 19 AM 10:39

FILED

RECEIVED
Hon Wong <hon@allcountyfranchise.com>**LLC Amendment**

1 message

2021 JUL 19 PM 4:32

corphelp <corphelp@dos.myflorida.com>

To: "hon@allcountyfranchise.com" <hon@allcountyfranchise.com>

Fri, Jul 16, 2021 at 1:53 PM

Thank you for your call today. The form that you need is attached to this email. When you mail it, please include a printed copy of this email, which includes the text of the rejection letter we sent.

Thank you.

Lee Rivers, Internet Support Section
Florida Division of Corporations

<https://dos.myflorida.com/sunbiz/>

[Click here for current processing dates.](#)

June 4, 2021

YOUCEF ARADJ

7320 EAST FLETCHER AVENUE

TAMPA, FL 33637

SUBJECT: ALL COUNTY PALMS LLC

Ref. Number: L21000046988

We have received your document for ALL COUNTY PALMS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We just received the attached documents without proper details so we are not sure if you meant for this entity to file or if it is a completely different entity. If you are trying to amend All County Palms LLC you have completed the wrong form. You will need to submit forms for a limited liability company. You must submit the whole application not just part of it.

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: 621A00012215

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314



LLC Amendment.pdf

300K

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

All County Palms 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 1/26/2021 and assigned
Florida document number L21000046988.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

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

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[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)

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 July 16 2021

Youssef Aradj

Typed or printed name of signee