

L21000243035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

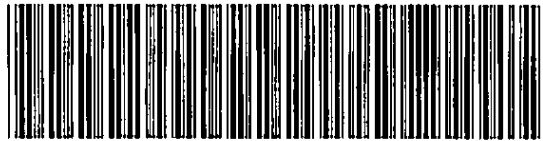
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

01/10/23

00023

Office Use Only



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04/15/22--01026--014 **60.00

SECRET
TALLAHASSEE, FLORIDA

2023 JAN 10 PM 2:28

FILED

LLC
Amend.

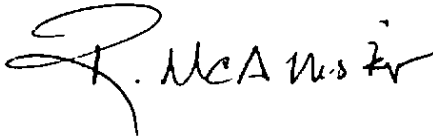
JAN 21 2023
D CONNELL

McAllister Enterprises LLC
Document Number L21000243035
FEI/EIN 86-3650150

To Whom It May Concern:

I previously submitted my documentation to remove the manager from my business account, but neglected to sign all necessary areas on my document. I had already sent in the money order, which was cashed and should remain on file. I no longer have the money order receipt. I am re-submitting my documents, please utilize the cashed money order for my fees.

Thank you,
Rodrick McAllister

 1/6/23

RECEIVED
2022 JAN 10 PM 12:40

RECEIVED
JAN 09 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2022

RODRICK D. MCALLISTER
76 PLAINVIEW DR, APT A
PALM COAST, FL 32164

SUBJECT: MCALLISTER ENTERPRISES LLC
Ref. Number: L21000243035

We have received your document for MCALLISTER ENTERPRISES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tekayla T Matthews
OPS

Letter Number: 422A00011360

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McAllister Enterprises 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:

Rodrick D McAllister
Name of Person

McAllister Enterprises LLC
Firm/Company

76 Plainview Dr Apt A
Address

Palm Coast, FL 32164
City/State and Zip Code

nolefanylife.rm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodrick D McAllister at (386) 237-4507
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 Address:

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

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

McAllister Enterprises 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 5/25/2021 and assigned Florida document number L21000243035.

This amendment is submitted to amend the following:

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

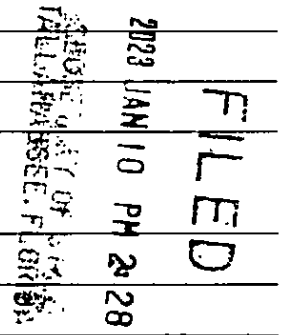
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)



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

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>
<u>MGR</u>	<u>Arianna McAllister</u>	<u>76 Plainview Dr Apt 4</u>	<input type="checkbox"/> Add
		<u>Palm Coast, FL 32164</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Rodrick McAllister</u>	<u>76 Plainview Dr Apt A</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Coast, FL 32164</u>	<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"/> 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)

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.

R. McAuliffe

Rodrick McAllister

Typed or printed name of signee