

L230002155C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

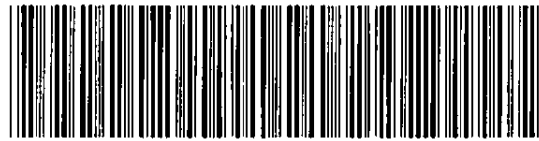
(Document Number)

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Special Instructions to Filing Officer:

RA Signature
Signature

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09/03/24--01024--004 **25.00

2024 NOV 12 AM 8:40
TALLAHASSEE, FL

11/12/24

AP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCCASKLE & PARTNERS 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:

Angelo Devon McCaskle Jr.

Name of Person

McCaskle & Partners LLC

Firm/Company

330 Almeria Road #4

Address

West Palm Beach, Florida 33405

City/State and Zip Code

angelo@mccaskleandpartners.com

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

For further information concerning this matter, please call:

Angelo Devon McCaskle Jr.

312

498-3943

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)

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**

MCCASKLE & PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 NOV 12 AM 8:40

The Articles of Organization for this Limited Liability Company were filed on April 30, 2024 and assigned
Florida document number L23000215550 TALLAHASSEE, FL

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)

330 ALMERIA ROAD #4

WEST PALM BEACH, FL 33405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

330 ALMERIA ROAD #4

WEST PALM BEACH, FL 33405

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:

Angelo Devon McCaskle Jr.

New Registered Office Address:

330 Almeria Road unit 4

Enter Florida street address

West Palm Beach

Florida 33405

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> |
|--------------|--------------------|---|--|
| AMBR | ASHLYN DEMAROIS | 715 SUNNY PINE WAY, H1 GREENACRES FL 33415 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Angelo McCaskle JR | 330 ALMERIA ROAD UNIT 4 | <input checked="" type="checkbox"/> Add |
| | | WEST PALM BEACH, FL 33405 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Angelo McCaskle Jr.

330 Almeria Road unit #4

West Palm Beach, Florida 33405 Angelo@mccaskleandpartners.com

312.498.3943

08/26/2024

Mailing Address:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

—
To whom this may concern,

Please find enclosed a check for \$25.00 made payable to the Florida Department of State. This payment is to update the principal address the mailing, and authorized persons information. I previously amended the LLC on August 6th, 2024 to remove ASHLYN DEMAROIS from the LLC entirely and to remove the previous LLC address with a new updated address for the business.

Should you have any questions or need further information, please do not hesitate to contact me at 312.498.3943 or angelo@mccaskleandpartners.com

Thank you for your attention to this matter.

Sincerely,

Angelo McCaskle Jr.

*P.S. Shred The Check if no additional Payment
needs to be made. Thank You!*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2024

ANGELO DEVON MCCASKLE JR.
330 ALMERIA ROAD #4
WEST PALM BEACH, FL 33405

SUBJECT: MCCASKLE & PARTNERS LLC
Ref. Number: L23000215550



We have received your document for MCCASKLE & PARTNERS LLC and your check(s) totaling \$25000.07. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 024A00020052



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2024

ANGELO DEVON MCCASKLE JR.
330 ALMERIA ROAD #4
WEST PALM BEACH, FL 33405

SUBJECT: MCCASKLE & PARTNERS LLC
Ref. Number: L23000215550

We have received your document for MCCASKLE & PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 624A00022110

