

6241000108897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

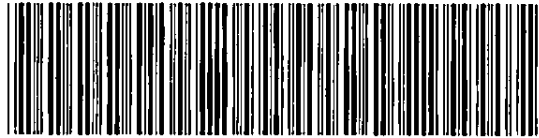
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2024 MAY -3 PM 4:15  
AP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2024

NICHOLAS J MCDONALD  
8747 W BEAVER ST  
JACKSONVILLE, FL 32220

SUBJECT: ALL STAR RESELLS LLC  
Ref. Number: L24000108897

We have received your document for ALL STAR RESELLS 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):

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

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) 245-6000.

Rebekah White  
Regulatory Specialist III

Letter Number: 624A00009396

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL STAR RESELLS 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:

Nicholas J McDonald  
Name of Person

ALL STAR RESELLS LLC  
Firm/Company

8747 W Beaver St JAX FL 32220  
Suite # 3  
Address

JAX FL 32220  
City/State and Zip Code

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

For further information concerning this matter, please call:

Nicholas J McDonald at ( 904 ) 207-9190  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ALL STAR RESELL 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 March 4, 2024 and assigned  
Florida document number L24000108897

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)

Nicholas J McDonald  
131 S. Cahoon Road  
Jacksonville FL 32220

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

131 S Cahoon Road  
Jacksonville FL  
32220

**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.

Nicholas J McDonald  
If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_ ☐ Change

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(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 4/11/2024, \_\_\_\_\_

*Nicholas J. McDuell*  
Signature of a member or authorized representative of a member

Nicholas J McDonald  
Typed or printed name of signee