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(Re	equestor's Name)	-	
(Ac	ddress)		
(Address)			
(Ci	ty/State/Zip/Phone	: #)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations					
SUBJECT: JALOTEAM, 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:					
•					
JANE M. LOPEZ					
(Name of Person)					
IAL OTEAN LLC					
JALOTEAM, LLC					
(Firm/Company)					
111 S. HOLLYBROOK DR. APT 301					
(Address)					
DEMPROVE DINIES EL 22025 4220					
PEMBROKE PINES, FL 33025-1238					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
JANE M. LOPEZ at (305) 229-5100					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
▼ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &				

MAILING ADDRESS:

TO:

Registration Section

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

	JALOTEAM, LLC				
		(Present Name) (A Florida Limited Liability Company)			
	•	00/42/2006			
FIRST:	The Articles of Organization document number <u>L06000</u>		nd assigned		
SECOND.					
SECOND:	This amendment is submitted	REET AND MAILING ADDRESS OF T	THE LLC IS NOW:		
			THE LEG IS INOVA.		
	111 S HOLLYBR	OOK DR, APT 301			
	PEMBROKE PIN	NES, FL 33025-1238			
	ARTICLE IV: THE REG	SISTERED AGENT ADDRESS IS THE A	ABOVE ADDRESS.		
	ARTICLE V, THE NAME	S AND ADDRESSES OF THE MEMBERS	S/MANAGERS ARE:		
	1. JANE M. LOP	EZ, 111 S HOLLYBROOK DR,	APT 301		
		PEMBROKE PINES, FL 3	3025-1238		
	2. ARMANDO LOPEZ, 111 S HOLLYBROOK DR, APT 301				
		PEMBROKE PINES, FL 3	3025-1238		
Dated AU	GUST 24		17A 20		
	1		HAS E		
			When The Part of t		
	∫ √ Signatu	re of a member or authorized representative of a me	THOSE COMME		
	JANE M. LOPE		I: 56 TATE LORID.		
		Typed or printed name of signee	- Pre-		

Filing Fee: \$25.00