10800003287

| (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: |
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Office Use Only



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September 14, 2018

JASON THOMAS 6121 SW 183RD WAY SOUTHWEST RANCHES, FL 33331

SUBJECT: JALAN HOLDINGS, LLC

Ref. Number: L08000003287

We have received your document for JALAN HOLDINGS, LLC and your check(s) totaling \$55.00. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 518A00019183

COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|--|---------------------------------|---|--------------|
| SUBJECT: | Holdings, LLG Name of Li | C mited Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered A | Agent/Registered Office Cha | inge and fee(s) are submitted for filing. | |
| Please return all correspon | ndence concerning this matte | er to the following: | |
| <u>Jasa</u> N | ame of Person | | |
| J.,la | n Holdings, LL (irm/Company | <u>-</u> | |
| 6121 SW 18 | 312 Way Address | | ٠. |
| Southwest Rc. | State and Zip Code | 331 | |
| E-mail address: (to b | e used for future annual rep | ort notification) | |
| For further information ec | ncerning this matter, please | call: | |
| Jason Tham | | 978 , 490-6829 | |
| Name of I | Person | Area Code & Daytime Telephone | Number |
| STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori | on orations enter Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a che | ck for the following amoun | nt: | |
| ☐ \$25 Filing Fee | | S55 Filing Fee & Certified Copy | • |

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lir | LDINAS LCC nited Liability Company as it now appears on (A Florida Limited Liability Company) | uur records.) |
|---|---|--|
| The Articles of Organization for this Limited Florida document numberLO800000 S | Liability Company were filed on | |
| This amendment is submitted to amend the fo | llowing: | |
| 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 design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | , |
| (Principal office address MUST BE A STREET ADDRESS) | | eri |
| | | |
| Enter new mailing address, if applicable: | | `- |
| Mailing address MAY BE A POST OFFIC | E BOX) | |
| | | <u> </u> |
| B. If amending the registered agent an registered agent and/or the new registered | office address here: | |
| Name of New Registered Agent: | Johnson K. Thom 6121 SW 183 W Emer Florida St Santhwest Ranches City | \as |
| New Registered Office Address: | 6121 SW 185 W | <u>^/</u> |
| www.kegistered.office.fradress. | Enter Florida st | reet address |

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> | Address | Type of Action |
|--------------|-------------------|----------------------------|------------------|
| MAR | Johnson K. Thomas | _6121 SW 183 Way | M Add |
| | | Southwest Ranches FC 33331 | Remove |
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| ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the I | llock does not meet t | he applicable st | of filing or more the atutory filing requ | (optiona in 90 days after fili irements, this da | al) ng.) Pursuant ate will not b | to 605.020 be listed a |
| | | , but not an e | effective time, | at 12:01 a.m | n. on the | earli e r (|
| | cora is mea. | | | | | |
| he 90th day after the red | | ·· | | | | |
| record specifies a delaye he 90th day after the rec | Signature of a memb | | | | | |

Page 3 of 3

Filing Fee: \$25.00