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(Re	equestor's Name)	
(Ac	dress)	<u> </u>
(Ac	Idress)	
(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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COVER LETTER

TO: 'Registration Se Division of Co			
SUBJECT:	JEL Development Name of Lim	LUC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matali	c F. Gwern-Valdes	
	Val	Name of Person Les Law Gran PA Firm/Company	
		SE 3 rd Avenue, Suit	
		uderdale, FL 333 City/State and Zip Code	
	Property Pro	a des aw firms . Co. to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	Grewa-Valdes f Person	at (<u>954</u>) <u>764-2 Area Code Daytime</u>	7878 Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability (A Florida Li	the Limited Diability Company as it now appears on our records. (A Florida Limited Liability Company) imited Liability Company were filed on		
	1	1	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
	-	2.	
			<u>.</u>
Enter new mailing address, if applicable:		7.7	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		<u></u>	
D. If amonding the registered agent and/or register		ORIE	CO
registered agent and/or the new registered office addres		oras, <u>enterzine n</u>	aune of the nev
Name of New Registered Agent:			
New Registered Office Address:			
registered Office Address.	Enter Florida street a	ddress	
		, Florida	
	City	Zip	Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Kilsin	1255 Sabal Palm Dive	Add
		1255 Sabal Palm Dive Doca Raton, FL 33484	Remove
			Change
MGR	JEL Development No	ealty, LLC 1255 Sabal Palm D	Add Add
		Boca Raton, FL 3348	' □ Remove
			Change
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ffective date an effective date Note: If the date locument's eff	ate inserted in	this block do	oes not m	neet the	applicab	date of fil le statute	ing or more ry filing re	than 90 days	after filing	.) Pursuant to will not be	605.02 listed	207 as
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Pated	July	6	,	. 2	016	_·						
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		Signa	ture of a r									

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Filing Fee: \$25.00