## 140000022631

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
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D. SCOTT
DEC 1 6 2016

## **COVER LETTER**

Division of Con	rporations		
JALA ONE	ELLC		
SOBSECT.			
m			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	SIMON NAON		
		Name of Person	
	NAON AND CO LLC		
		Firm/Company	
	2500 E. HALLANDALE I	BEACH BLVD STE PH1	
		Address	<del></del>
	HALLANDALE BEACH	FLORIDA 33009	
		City/State and Zip Code	<del></del>
	SIMON@NAONANDCO.		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifi	cation)
rot turdier mioritation c	oncerning uns matter, please co	<b>u</b> 11.	
SIMON NAON		347 898-6079 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	ne following amount:  \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. 55 Certificate of Status & Certificate Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

**Registration Section** 

TO:

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

JALA ONE 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 Florida document number L14000022631 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

## 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>	Type of Action
MGR	SIMON NAON	2500 E. HALLANDALE BEACH	Add
		BLVD, STE PH1	☐ Remove
		HALLANDALE FL 33009	☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
<del></del>			
			Remove
			Change
			SYD SA
			Remove
			SET CLUBS
			Change D
			☐ Remove
			□ Change

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