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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

JETOUR HOLDINGS, LLC

SUBJECT: _____
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:

STEPHANIE JELANI

Name of Person

JETOUR HOLDINGS, LLC

Firm/Company

13520 SW 152ND ST., #771087

Address

MIAMI, FL 33177

City/State and Zip Code

sjelani03@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE JELANI

at (786)

837-3041

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**TO
ARTICLES OF ORGANIZATION
OF**

JETOUR HOLDINGS, 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 17, 2015 and assigned
Florida document number L15000047776.

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)

13520 SW 152ND STREET

#771087

MIAMI, FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13520 SW 152ND STREET

#771087

MIAMI, FL 33177

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:

REGISTERED AGENT REMAINS-ONLY ADDRESS CHANGES

New Registered Office Address:

13520 SW 152ND STREET #771087

Enter Florida street address

MIAMI

, Florida

City

33177

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JELANI, AL-MALIK N.K.	13520 SW 152ND STREET	<input type="checkbox"/> Add
		#771087	<input type="checkbox"/> Remove
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Change
MGRM	JELANI, STEPHANIE	13520 SW 152ND STREET	<input type="checkbox"/> Add
		#771087	<input type="checkbox"/> Remove
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

CHANGES ARE: NAME OF MGRM- MALIK JELANI TO AL-MALIK N.K. JELANI

ADDRESS CHANGE FOR REGISTERED AGENT, BUT AGENT STAYS THE SAME

ADDRESS CHANGE FOR BOTH MEMBERS, MAILING, AND PRINCIPAL ADDRESS

15 NOV 20 11 00 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/15/2015 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 15, 2015.



Signature of a member or authorized representative of a member

Stephanie Jelani

Typed or printed name of signee