# L150000 64367

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress) .	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TEL Development II. 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:
Name of Person
Valdes Law Firm PA Firm/Company
633 SE 3rd Avenue, Svite 301
Ft. Landerdale Ft 3330  Fine Fine Fine Fine Fine Fine Fine Fine
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	aliability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on April 13, 2015 and assigned
Florida document number <u>L 5000064367</u>	<del>-</del>
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of t	he limited liability company here:
	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	DX)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	CO: Comments of the comments o
New Registered Office Address:	
	Enter Florida street address
	, Florida , w
	City Zio 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

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Kilsin	1255 Sabal Palm Drive	
		1255 Sabal Palm Drive Boxa Raton, FL 334 860	DRemove
			Change
MGR	JEL Development Realty,	LLC 1255 Sabal Palm Dive	<b></b> ₩ <b>A</b> dd
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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 605.02 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	ocument's effec	tive date on the D	epartment of	State's recor	ds.					
	e record spec	cifies a delave	d effective	date, but	not an eff	ective time	e. at 12:01	a.m. on	the earlie	er (
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Filing Fee: \$25.00