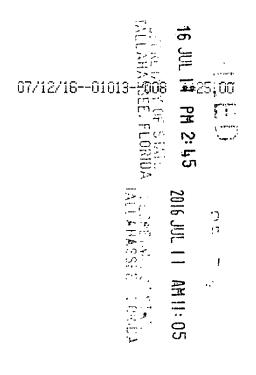
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## **COVER LETTER**

TO: 'Registration Se Division of Co		•	
SUBJECT:	JEL Developme Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Natali	F. Grueva-Vald Name of Person	as
	Valdes	Firm/Company	
	633 SE 3	3rd Avenue, Site 30 Address	) ]
	•	uderdale, FL 33301 City/State and Zip Code	·
	nvaldes E-mail address: (	EValdes awfirmpa	cation)
For further information c	oncerning this matter, please ca	all:	
Natalie (	gruerra-Valdes f Person	at ( 954 ) 764-7 Area Code Daytime	878 Telephone Number
Enclosed is a check for t	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 TO ARTICLES OF ORGANIZATION OF

Name of the Limited Hial (A Flor	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on	<u>ber 1, 2015</u> and assigned
Florida document number _L15000167445	·	•
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		S.,
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		records, enter the name of the new
		DRIG PR
Name of New Registered Agent:		55 G <sub>1</sub>
New Registered Office Address:	Enter Florida st	reet address
<u></u>		, Florida
	City	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

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 Title Name **Address Type of Action** 1255 Sabal Palm Drive David kilsin MGR Boca Raton, FL 33490 ☐ Change JEL Development Realty, LLC 1255 Sabal Palm Dive PAdd

Boca Raton, FC 3348C Rem ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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fective date, if or an effective date is lis	sted, the date must be	e specific and	cannot be p	rior to date o	of filing or mo	re than 90 day	( <b>option</b> a /s after fili	ng.) Pur	suant to	605.020
ote: If the date insocument's effective					tutory filing	requiremen	ts, this da	ite will	not be l	isted a
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The 90th day a	ifter the recor	d is filed.								
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Filing Fee: \$25.00