L15000174894

(Re	equestor's Name)	-
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



400278882924

11/09/15--01022--007 **25.00

PILED
PHIZ: 21

NOV 12 2015 EXAMINER



November 3, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE.:

JACLEL, LLC

DOCUMENT NO. L15000174894

Dear Sir/Madam:

We respectfully submit to you the enclosed Articles of Amendments along with a check in the amount of \$25.00 for filing.

If you have any further questions, please do not hesitate to contact us.

Respectfully

Christopher Tyrrell, Esq.

Partner

The Calderaro Tyrrell Law Group

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC'	JACLEL, L	LC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ren	ırn all correspor	ndence concerning this matter	to the following:	
		SANDRA R. CALDERAR	0	
			Name of Person	
		CALDERARO TYRRELL	LAW GROUP	
			Firm/Company	
		6301 NW 5TH WAY, SUI	TE 2000	
			Address	
		FORT LAUDERDALE, FI	L 33309	
			City/State and Zip Code	
		rcalderaro@visamiami.com		
		E-mail address: (1	to be used for future annual report notifi	ication)
For further	r information co	oncerning this matter, please ca	all:	
Nonna Ka	schkarow		954 376-6161 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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

,	TO	5 5.
ARTICLES C	F ORGANIZATION	V FIL
•	OF	2015 NOV -9 PM 12: 21 TRICKET AFT OF STATE 4, 2015 and assigned
		NOV-9
JACLEL, LLC		TALL SETA PHIP: 2
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on ou nited Liability Company)	ir records HASS OF S
(······································	FLOOR
The Articles of Organization for this Limited Liability Com	pany were filed on October 1	4, 2015 and assigned
Florida document number L15000174894		
. Torrad document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Highility gampany horas	
A. If amending name, enter the new name of the finited	i nabinty company nere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
- The state of the	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere	ed office address on our	records, enter the name of the new
registered agent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	4 - 4
	Enter r torida stre	ei auaress
		, 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

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR.	MILDRED GOMEZ	9531 SEAGRAPE DRIVE	□ Add
		APT. 308	_□ Remove
		DAVIE, FL 33324, US	■ Change
AMBR	CONINFRA, LLC	9531 SEAGRAPE DRIVE	■ Add
		APT. 308	☐ Remove
		DAVIE, FL 33324, US	☐ Change
			□ Add
			2 Remove The Change Change Add SSEE The Add Add
			PART 2: 2 PLORIDE Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

TALE.	OISNOV-9 PM 12: AHASSEE. FLORIO
	AHASSEE FLORIO
	ORIO,
	<u> </u>
	

Page 3 of 3

Filing Fee: \$25.00