

L15000174894

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
NOV 12 2015



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

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JACLEL, 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:

SANDRA R. CALDERARO

\_\_\_\_\_  
Name of Person

CALDERARO TYRRELL LAW GROUP

\_\_\_\_\_  
Firm/Company

6301 NW 5TH WAY, SUITE 2000

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33309

\_\_\_\_\_  
City/State and Zip Code

rcalderaro@visamiami.com

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

For further information concerning this matter, please call:

Nonna Kaschkarow

954 376-6161  
at ( )

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA  
records  
2015

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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>	<u>Type of Action</u>
MGR.	MILDRED GOMEZ	9531 SEAGRAPE DRIVE	<input type="checkbox"/> Add
		APT. 308	<input type="checkbox"/> Remove
		DAVIE, FL 33324, US	<input checked="" type="checkbox"/> Change
AMBR	CONINFRA, LLC	9531 SEAGRAPE DRIVE	<input checked="" type="checkbox"/> Add
		APT. 308	<input type="checkbox"/> Remove
		DAVIE, FL 33324, US	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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

11/03/2015

Signature of a member or authorized representative of a member

MILDRED GOMEZ

Typed or printed name of signee