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## **COVER LETTER**

Division of Corpo			
SUBJECT:	JEL Developme Name of Limit	ent Acquisitions Cited Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Natalie	F. Gruena-Valdes Name of Person	
		Les Law Firm PA Firm/Company	
	633 SE	3rd Averne, Suite:	301
	Ft.L	avolvodale, FL 3336 City/State and Zip Code	<u> </u>
	nvaldes eva E-mail address: (to	udes law fumpa. Coo be used for future annual report notific	om eation)
For further information con	cerning this matter, please ca	II:	
Natalia (Name of P	nuevra-Valdes erson	at ( <u>954</u> ) <u>76e 4 –</u> Area Code Daytime	7878 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEL Development	Acquisitions LC	<u>'C</u>	
(Name of the Lindige Liability)	Company as it now appears on or imited Einbility Company)	<u>ır records.</u> )	
The Articles of Organization for this Limited Liability Con	mpany were filed on	2 2015 and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
		<b>5</b>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		SS =	<u> </u>
			t K :
		<u> </u>	g
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		records, enter the name	of the new
		<b>14</b> ***	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
	~	, 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	David Kilsin	1255 Sabal Palm Drive Boca Raton, FC 33486	
		Boca Raton, FC 33486	<b>Б</b> #Remove
			Change
MGIR	JEL Development Realty,	UC 1255 Sabal Palm Di	<u>P</u> DAdd
		Boca Raton, FL 33480	<b>2</b> □ Remove
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		1	Signature of a	member	or aythor	ized represer	ntative of a m	ember		

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Filing Fee: \$25.00