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SECRETARY OF STATE

4NY 18 2017 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TEEL Properties Investment Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Josephine Ebonks Name of Person
JEEL Properties LLC Firm/Company
12435 SW 123 Terrace Miami Aldress
MIAMI F1 · 33186  City/State and Zip Code
Jel properties 110 @ Gmail. tom 4-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPHINE Ebanks  at (786) 663-7196  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

JEEL VY OUT ILS Investment Company (A Florida Limited Liability Company (A Florida Limited Liability Company)	Y as it how appears on our recordability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company w	vere filed on <u>AUGUSF</u> 10	6, 2016 · and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  JEEL Properties LLC  The new name must be distinguishable and contain the words "Limited Liability	·	"" or the abbreviation "I. I. C."
Enter new principal offices address, if applicable:	y Company, the designation Elec	of the appreviation E.E.C.
(Principal office address MUST BE A STREET ADDRESS)		ALEGAE A
Enter new mailing address, if applicable:		ASSEE TARY O
(Mailing address MAY BE A POST OFFICE BOX)		FLS TO
B. If amending the registered agent and/or registered offire registered agent and/or the new registered office address here:		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	SS
	, FI	orida
	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 Address <u>Title</u> **Type of Action** <u>Name</u> □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove \_□ Change □ Add Remove

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