L170W213503

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SECRETARY OF STATE

K. SALY DEC 21 7017

COVER LETTER

Div	ision of Cor	porations					
SUBJECT:	JALO PROPERITES, LLC						
		Name of Limited Liability Company					
The enclosed	LArticles of	Amendment and fee(s) are sub	mitted for filing				
			-				
Please return	all correspo	indence concerning this matter	to the following:				
		G. Kristin Delano					
			Name of Person				
		G. Kristin Delano P.A.					
			Firm/Company				
		Address					
		Valrico, FL 33594					
			City/State and Zip Code				
		gkdelano@hotmail.com	to be used for future annual report notifi	. wtiana			
Car frontsar i	stamunian s	oncerning this matter, please ca		Canom			
		oncerning this matter, piease ca					
Kris Delano			727 698-7752 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a	i check for th	ne following amount:					
⊞ \$25.00 F	iling 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:

TO: · Registration Section

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

ZOITOECZI PH S. 54,

(ALLAHASSEE, FLORING

JALO PROPERITES, LLC

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

The Articles of Organization for this Limited L	ability Company	were filed on October 1	6, 2017 and assigned
Florida document number L17000213503	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
JALO PROPERTIES, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "I.I.C" or the abbreviation "I.IC."
Enter new principal offices address, if applic	able:	n/a	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		n/a 	
(Mailing address MAY BE A POST OFFICE	BOX)		
D. If amounting the majorand area and		ec	and the second s
B. If amending the registered agent and/ registered agent and/or the new registered of	• •		ecords, enter the name of the new
Name of New Registered Agent:	n/a		
N D '- 1000 AU			
New Registered Office Address:		Enter Florida stree	T 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, enter the title, name, and address of each person—being added or removed from our records:				
MGR = -5			Ittle, name, and address of each person being added F / L E	
<u>Title</u>	<u>Name</u>	Address	TALLAHASSE OF ST	
			O(E, FLOIRID; □ Add	
			Remove	
			Change	
			Add	
			Remove	
			Change	
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	TALLAHASSEE. FLORIOA
	- SIAIR
	LORIDA
ffec	etive date, if other than the date of filing:(optional)
Tan e Note:	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 (2) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docui	ment's effective date on the Department of State's records.
ne re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
	<u>.</u>
Dated	d <u>December 4</u>
	a Mux) KM yehu-
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00