118000049160

(Re	questor's Name)	
(Ad	dress)	·
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp		•	
OLID I		ETTIS HOLDINGS, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please	e return all correspor	ndence concerning this matter t	to the following:	
		P. Tod	ld Kennedy, Esq.	
			Name of Person	
		Kenne	edy & Kennedy, P.L.	
			Firm/Company	
		14 So	utheast 4th Street, Suite 36	
			Address	
		Boca	a Raton, FL 33432	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For fi	urther information co	oncerning this matter, please ca	all:	
	P. Todd	Kennedy	561 683-2484	
	Name of	`Person	Area Code Daytime	Felephone Number
Enclo	osed is 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 ARTICLES OF ORGANIZATION OF

	JEDINGS, LEC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L18000049160	were filed on	February 23, 201	8 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2369 E Maya Pa	lm Drive	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL	33432	
Enter new mailing address, if applicable:	2369 E Maya Pa	lm Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL	33432	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e:	our records, ent	ter the name of the new
New Registered Agent's Signature, if changing Registered Agent:			\$ 5 E

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 '

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kolettis Investments, Ltd	2369 Maya Palm Drive	Add
		Boca Raton, FL 33432	■ Remove
			☐ Change
AMBR	Kolettis Investments, Ltd	2369 E Maya Palm Drive	⊒ Add
		Boca Raton, FL 33432	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	, ,	
•		
	—————————————————————————————————————	
	ALER A	-
	APR I.	
	ORIDA 4)	
(If an ef Note:	tive date, if other than the date of filing:	07 (3) as the
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	April 10 , 2018.	
	Aug J. Jaletin	
·	Signature of a member or authorized representative of a member	
	George Kolettis, Auth Rep of Member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00