

L18000 101 523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2019 OCT -4 AM 9:09  
STATE OF  
FLORIDA  
TALLAHASSEE, FL

OCT 23 2019  
C Kinsey

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JELLEN ADELL HOLDINGS, 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:

PHILLIP POLK

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

GULF COAST ACCOUNTING SERVICES, LLC

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

4507 FURLING LN., STE 207

\_\_\_\_\_  
Address

DESTIN, FL 32541

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

philpolk.gcas@gmail.com

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

For further information concerning this matter, please call:

PHILLIP POLK

850

460-2887

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

## Page 1 of 3

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	SAYAM JUNLAKAN	4507 FURLING LN., STE 101 DESTIN, FL 32541	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

(b) The 90th day after the record is filed.

Dated OCTOBER 01 2019

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

PHILLIP POLK

Typed or printed name of signee