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## **COVER LETTER**

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SUBJECT: _	JELLEN	ADELL HOLDINGS, LLC		
		Name of Limi	ted Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return a	ll correspor	idence concerning this matter t	to the following:	
		PHILLIP POLK		
	Address  DESTIN, FL 32541  City/State and Zip Code  nhiloolk acas@unail.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  OLK  Name of Person  4507 Ferson  Solution of Corporations  Address  DESTIN, FL 32541  City/State and Zip Code  nhiloolk acas@unail.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  OLK  Name of Person  Acac Code  Daytime Telephone Number			
		ELLEN ADELL HOLDINGS, LLC  Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  rrespondence 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  phillpolk.veas@email.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  at (  Area Code Daytime Telephone Number)  for the following amount:  ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificat Copy (additional copy is enclosed)		
	Division of Corporations  JELLEN ADELL HOLDINGS, LLC  Name of Limited Liability Company  Inclosed Articles of Amendment and fee(s) are submitted for filing.  Teturn 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  phillholk_seas@ounail.com  E-mail address: (to be used for future annual report notification)  rther information concerning this matter, please call:  LIP POLK  Name of Person  Area Code  Daytime Telephone Number  sed is a check for the following amount:  15.00 Filing Fee  S30.00 Filing Fee \$\Bigcite{Corpificate of Status}\$ Certificate of Status & Certificate Copy  Certificate Co			
		4507 FURLING LN., STE	207	
			Address	
		DESTIN, FL 32541		
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		nhilnolk.gcas@gmail.com E-mail address: (t	o be used for future annual report notific	ation)
For further info	ormation co			
PHILLIP POL			850 460-2887 at ()	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ing Fee		Certified Copy	Certificate of Status & Certified Copy

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

JELLEN ADELL HOLDINGS, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document numberL18000101523		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4357 LEGENDARY DR UNIT D106	
(Principal office address MUST BE A STREET ADDRESS)	DESTIN, FL 32541	
		019 TAI
Enter new mailing address, if applicable:	4507 FURLING LN., STE 207	-
(Mailing address MAY BE A POST OFFICE BOX)	DESTIN, FL 32541	S 2
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		r . o
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter	the name of the new
	<del>-</del> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Ziv 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAYAM JUNLAKAN	4507 FURLING LN., STE 101 DESTIN, FL 32541	
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an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	does not meet the appli	cable statutory filing re	han 90 days after filing.) Pursuan quirements, this date will not	to 605,0207 be listed as t
e record specifies a delayed e The 90th day after the record	ffective date, but n d is filed.	ot an effective time	e, at 12:01 a.m. on the	earlier of
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Typed or printed name of signee

Filing Fee: \$25.00