L18000282347

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DEC 2 1 2020 I ALBRITTON

SUBJECT: Jad	e 17 LLC Name of Lin	nited Liability Company	 -	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Jodi 13/455			
	Jade 17 LL			
	15283 Seage	Address	Lane	
	Delray Beach,	FL 33446 City/State and Zip Code	6	
	Jodi Blassa gr E-mail address: (to be used for future annual	report notification)	
For further information cor	ncerning this matter, please c			
Adam Blass Name of I	Person	at (<u>201</u>) Area Code	923 - 678 Daytime Telepho	O
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address: Registration Se Division of Co	ection rporations	Divisio	ation Section n of Corporatio	
P.O. Box 6327 Tallahassee, FI			ntre of Tallahas . Monroe Stree	

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO

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ARTICLES OF ORGANIZATION
OF

Jade 17 LLC	as it now appears on our records.)
Name of the Limited Liability Comp. (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000 282347</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15283 Xalless Taract 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15283 Seaderss Terrace Lone Delray Boach, FL 33446
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the nev
Name of New Registered Agent: Adam New Registered Office Address: 15283	Seastass Terrace Lane Enter Florida street address
	Beach Sip Code Zip Code
Nav. Pagistered Agent's Signature, if changing Registered Ag	gent:

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 con provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liab company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered As

•	or	removed	from	our	records
	.,,	I CHILD - CO	* * */	.,	

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
MGR	Adan Blass	15283 Seadass Terrace Lane	
		Delray Beach, FL 33446	□Rem
			□Chan
			□Add
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			\ \ \ _Add
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	<u> </u>
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<u>Note:</u>	five date, if other than the date of filing:
f the record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte iled.
Dated	October 27 2020.
	Signature of a member or authorized representative of a member