L19000145480

(Requestor's Name)
(Requesions Name)
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, ,,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiless Entry Harrey
(Document Number)
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AUG 2 0 2019 I ALBRITTON



July 30, 2019

MAUREEN LAIDLEY **65 NE 159 STREET** MIAMI, FL 33162

SUBJECT: JESSIE'S ELITE TRAVEL, LLC

Ref. Number: L19000145480

We have received your document for JESSIE'S ELITE TRAVEL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 119A00015606

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COVER LETTER

erin recw.	Jessie's Elite Travel, LLC Name of Limited Liability Company					
SUBJECT:						
The enclosed	l Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspo	ondence concerning this matter t	to the following:			
		Maureen Laidley				
	Name of Person					
		Jessie's Elite Travel, LLC				
			Firm/Company			
			Address			
		Miami FL 33162				
		moejessic24@gmail.com	City/State and Zip Code o be used for future annual report notifi	(cont. or)		
		•		Canon		
For further in	iformation c	oncerning this matter, please ca	dli:			
Maureen Lai	dley		305 761-2497			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	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:

Registration Section

Division of Corporations

TO:

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 AN ENDMENT TO ARTICLES OF ORGANIZATION OF

Jessie's Elite Travel, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/31/2019}{1}$ and assigned Florida document number _ L19000145480 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jessies Elite Travel, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Maureen Laidley	65 NE 159 Street Miami FL 33162	
			Add
			□ Remove
			☐ Change
MGR	Paula Laidley	65 NE 159 Street Miami FL 33162	
			
			■ Remove
			□ Change
MGR	Monique Grant	65 NE 159 Street Miami FL 33162	□ Add
			D Add
			Remove
			Change
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
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F Effecti	ve date if other than the date of filing: (ontional)
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	8/15/2019.
	Signature of a member or authorized representative of a member
	Maureen Laidley
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00