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SEP 06 2019  
2019 SEP -6 AM 9:03  
STATE OF ALABAMA  
TALLAHASSEE, FL

SEP 17 2019  
L. A. S.

Worman & Sheffler, P.A.  
Attorneys At Law

2707 W. Fairbanks Ave., Suite 200  
Winter Park, Florida 32789

Telephone (407) 843-5353  
Facsimile (407) 841-9516

September 5, 2019

Via Federal Express

Registration Section  
Division Of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: J.E.L. Site, LLC | W&S File No.: 7877.0000

Dear Sirs:

Enclosed are Articles of amendment filed by my client, J.E.L. Site, LLC, to amend its LLC name and address as reflected therein. I have also enclosed our Firm's check in the amount of \$30.00 for your filing fee and the issuance of a Certificate of Status. Please return the Certificate of Status to my office utilizing the enclosed pre-addressed and stamped envelope.

Thank you for your cooperation with respect to this matter.

Very truly yours,

WORMAN & SHEFFLER, P.A.

Scott S. Sheffler, Esquire

SSS/np

Enclosures

cc: James Lucas, Jr-via email

Jan Lucas-via email

4833-5245-2516, v. 1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** J.E.L. Site, 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:

Scott Sheffler, Esq.

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

Worman & Sheffler, P.A.

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

2707 W. Fairbanks Avenue, Suite 200

\_\_\_\_\_  
Address

Winter Park, FL 32789

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

ssheffler@wormanlaw.com

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

For further information concerning this matter, please call:

Scott Sheffler Esq./Worman & Sheffler PA

407

843-5353

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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

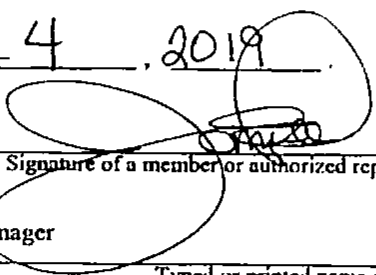
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 4, 2019.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

James E. Lucas, III, Manager

\_\_\_\_\_  
Typed or printed name of signee