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SUBJECT: JA	LANDALE LL	٠ د	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Λ		
	Axel	Name of Person	
	JA	Firm/Company	
		Firm/Company	
	11 01 0		
	16045	RAMBUJUL ROAD	
	ODESSA	FL 3355 City/State and Zip Code	6
	معنی <u>ک</u> E-mail address: ۱	IASAXEL @ Hofm.	Ail. 6m
For further information co	oncerning this matter, please c	all	
Axel :	J. Dumas	at (<u>561)</u> <u>70</u> Area Code Dayt	3-2737
Name of	^r Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	e 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	s:	Street Address:	
Registration S	Section	Registration S	
Division of Co	orporations	Division of C	orporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

JALANDA	LE	LLC		2020 23	Pl' 2: 39
(Name of the Limit	ed Liabil (A Florid	ity Company as it now a a Limited Liability Compa	ppears on our any)	records.)	
The Articles of Organization for this Limited Li Florida document number <u>L2000015</u>			n <u>6/8</u>	1/2020	and assigne
This amendment is submitted to amend the following	rwing:				
A. If amending name, enter the new name of	f the lim	nited liability compar	<u>1y here</u> :		
The new name must be distinguishable and contain the w	ords "Lin	nited Liability Company."	the designation	n "LLC" or the ab	breviation "L.L.C.
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADD	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				
B. If amending the registered agent and/or ragent and/or the new registered office addres	• .	d office address on o	ur records,	enter the nam	e of the new re-
Name of New Registered Agent:					
New Registered Office Address:					
		Ente	r Florida street	address	
		City		, Florida	75. C . I
		(uh.			лір Сойс

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
AR	DUMAS, LAURENT	433 Poinciona Island DR	□Add
		Sunny ISLES BEACH FL	Remove
		33160	□ Change
AR PER	PEREZ DUMAS, JONATHAN	433 Poinciana island Da	🗆 🗆 Add
		Sunny ISLES TEACH FL	[X]Kemove
		33160	□Change
<u>Sunag</u> isles (Dumas, Audrey	433 Poinciana Island DR.	□Add
	Sunny isles BEACK PL	Kemove	
	·	33160	□Change
			□Add
			□Remove
			□Change
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			□Change

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Note:	ive date, if other than the date of filing:
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.
Dated	June 19 2020.
	-
	Signature of a hember of authorized representative of a member