

K20000 156399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEC 15 2021



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FILED
2021 DEC 13 AM 8:54
OFFICE OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 18 PM 12:54

November 18, 2021

AXEL J DUMAS
1935 HIGHLAND OAKS BLVD.
LUTZ, FL 33559

SUBJECT: JALANDALE LLC
Ref. Number: L20000156399

We have received your document for JALANDALE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 121A00028026

COVER LETTER

TO: Registration Section
Division of Corporations
JALANDALE LLC

SUBJECT: _____
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:

Axel J. Dumas

Name of Person

JALANDALE LLC

Firm/Company

1935 Highland Oaks Boulevard

Address

Lutz, Florida 33559

City/State and Zip Code

dumasaxel@gmail.com

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

For further information concerning this matter, please call:

Axel J. Dumas

561 703-2737

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JALANDALE 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 04/05/2021 and assigned
Florida document number L20000156399.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1935 Highland Oaks Boulevard

Lutz, Florida 33559

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1935 Highland Oaks Boulevard

Lutz, Florida 33559

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1935 Highland Oaks Boulevard

Enter Florida street address

Lutz

City

Florida

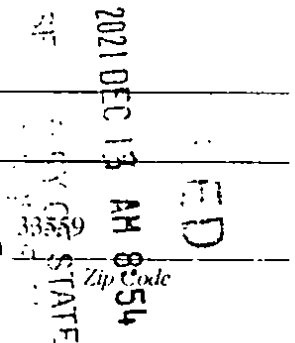
33559

Zip 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|------------------------------|--|
| MGR | Axel J. Dumas | 1935 Highland Oaks Boulevard | <input type="checkbox"/> Add |
| | | Lutz, Florida 33559 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

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.

Dated

Axel S. Dumas
Typed or printed name of signee