

L21000172307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

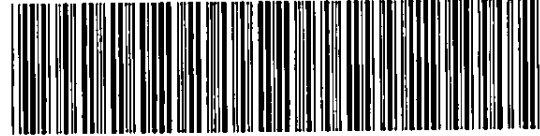
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J. HORNE
JUL 26 2024

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2024 J

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2024 JUL 25 PM 3:39

FALLAHASSEE, FL 32031

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JAGIL 1501 LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

111 Rogers & Perring • Tallahassee, FL 32301

File 2nd



- ☐ I
- ☐ L
- ☐ Fic
- ☐ Trade Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAGIL 1501 LLC, a Florida limited liability company

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:

Christy Brady Janssen, Esq.

Name of Person

Christy Brady Janssen, P.A.

Firm/Company

120 S Olive Ave., Ste 504

Address

West Palm Beach, FL 33401

City/State and Zip Code

cjanssen@bellsouth.net

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

For further information concerning this matter, please call:

Christy Brady Janssen, Esq.

561 420-0583

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 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**

JAGHL 1501 LLC, a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL 23 11:11 AM
FILED

The Articles of Organization for this Limited Liability Company were filed on April 21, 2021 and assigned
Florida document number 121000172307.

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)

330 Sunny Isles Blvd.

PH UPHI

Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

330 Sunny Isles Blvd.

PH UPHI

Sunny Isles Beach, FL 33160

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:

Lotfi Hadad

New Registered Office Address:

330 Sunny Isles Blvd., PH UPHI

Enter Florida street address

Sunny Isles Beach

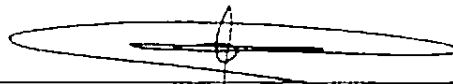
Florida 33160

City

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>
AP	JACOBO AZOUT	16690 COLLINS AVENUE, SUITE 1004	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACOBO AZOUT, TRUSTEE OF	16690 COLLINS AVENUE, SUITE 1004	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOTFI HADAD	330 SUNNY ISLES BLVD., PH UPH1	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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).

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00