P10000035809

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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/gl-lan

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ____ JEL Enterprises Inc. DOCUMENT NUMBER: P10000035809 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Julia Lembcke Name of Contact Person JEL Enterprises Inc. Firm/ Company 2247 Palm Beach Lakes Blvd, Suite 106 Address West Palm Beach, FL 33409 City/ State and Zip Code erik.lembcke@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 223-2535

Area Code & Daytime Telephone Number Erik Lembcke Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JEL Enterprises Inc.				
(Name	of Corporation as current	tly filed with the Florida Dept. of State)		
P10000035809				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	wing amendment(s)	
A. If amending name, enter the new n	ame of the corporation:			
			The new	
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mu "P.A."	abbreviation	
B. Enter new principal office address,	if annlicable:	2247 Palm Beach Lakes Blvd, Suite 106		
(Principal office address MUST BE A S		West Palm Beach, FL 33409		
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2247 Palm Beach Lakes Blvd, Suite 106		
		West Palm Beach, FL 33409		
D. If amending the registered agent an new registered agent and/or the ne			53	
	Julia Lembeke		\$**	
Name of New Registered Agent	2247 Palm Beach Lakes I	Blvd, Suite 106		
	(Florida si	treet address)		
New Registered Office Address:	West Palm Beach	. Florida)	
New Registered Office Address.			Lip Code)	
New Registered Agent's Signature, if a	changing Registered Agen	t: with and accept the obligations of the positio	nn	
Thereby accept the appointment as regis	tereu ugemi. 1 um juminur	Number of the obligations of the position Number of the obligation of the position Number of the obligation of the obligation of the position of the obligation	76.	
	A.	() .1		
	Signature of New	Registered Agent, if changing	_	
	/ 1/			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Р	Julia Lembeke	2247 Palm Beach Lakes Blvd
Add			Suite 106
Remove			West Palm Beach, FL 33409
2) Change	D	Erik Lembcke	2247 Palm Beach Lakes Blvd
X Add			Suite 106
Remove			West Palm Beach, FL 33409
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amendin</u> (Attach <i>add</i>	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A	,				
	-			,	
					
					
		•			
F. If an amen	idment provides for an exc s for implementing the am	change, reclassifica	tion, or cancellation tained in the amend	of issued shares,	
(if no	t applicable, indicate N/A)	CRAHEH I HOLCON	tunica in the pitter		
N/A					
· · · · · ·					•
	,			. 3 (1112)	
			<u> </u>		<u>.</u>

The date of each amendmen date this document was signed		, if other than the
_	September 26, 2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder	er
Septe	ember 26, 2016	
(1 s	By a director, president of other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	rt
	Julia Lembcke	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	