113000 119675

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



800251441328

09/19/13--01007--005 **25.00



h

COVER LETTER

TO: '-Registration Section **Division of Corporations** PumpitUp Jax, 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: Brenda Ezell Name of Person Ezell Law Firm, P.A. Firm/Company 3560 Cardinal Point Drive, Suite 202 Address Jacksonville, FL 32257 City/State and Zip Code Le ezel firmoa. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brenda Ezell

Enclosed is a check for the following amount:

Name of Person

\$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:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PumpltUp Jax, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our remited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 8/23/2013	and assigned
Florida document number L13000119675	<u>.</u>	
This amendment is submitted to amend the following:		,
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
JBA Jax, LLC		
The new name must be distinguishable and end with the word L.L.C."	s "Limited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	<i>G</i>
		S S
Enter new mailing address, if applicable:		District Contract
Mailing address MAY BE A POST OFFICE BOX)		Triange Co
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our record	ls, enter the name of the new
registered agent and of the new registered office addition	<u></u>	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, I	Florida
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Add Remove Remove Remove Remove Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠.	Λ(/ X)
• -	
-	
-	
_	
Dated Se	eptember 16 2013
	19-13 (D)
	Signature of a member or authorized representative of a member
	Brehda B. Ezeli
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 SEP 19 MIII: 91