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(Re	questor's Name)	
(Ad	dress)	
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DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO: Registration Se Division of Cor				
ASHOKA	LLC			
SUBJECT:	Name of Lim	ted Liability Company		
∰ 1	A de and CodeNess sub	unissed for filing		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	Frederic Chevry			
		Name of Person	70.	1
	Ashoka LLC			;
		Firm/Company	2021 APR - 0)
	244 Biscayne blvd #1908		·:\ ·	
		Address		
	Miami, Florida 33132			=
		City/State and Zip Code		
	teamjoomp@gmail.com	To the second se		
For first wing-		to be used for future annual report notificat	юп)	
	concerning this matter, please c			
Frederic Chevry		305 766 5205		
Name o	of Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for t	he 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 enclo	
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporative Centre of Talle 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ashoka LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000015013</u> .	were filed on 01/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Joomp LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	REGISTERED AGENTS INC.	202
Principal office address MUST BE A STREET ADDRESS)	7901 4TH ST N STE 300	= 7
	ST. PETERSBURG, FL 33702	
Enter new mailing address, if applicable:	244 Biscayne blvd #1908	B PH
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL, 33132	
		, _{कि.} अर
B. If amending the registered agent and/or registered office and and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the	name of the new regist
	, Florid	la
	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 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>	Address	Type of Action
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			□ Remove
			□Change
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te: If the date inserted in this blowment's effective date on the D	lock does not meet t	he applicable sta	tutory filing require	ments, this date v	vill not be listed a
cord specifies a delayed effectives filed.	re date, but not an ef	fective time, at	2:01 a.m. on the ea	rlier of: (b) The	90th day after the
08/18/2020 red					
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Typed or printed name of signee