

K21000280123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

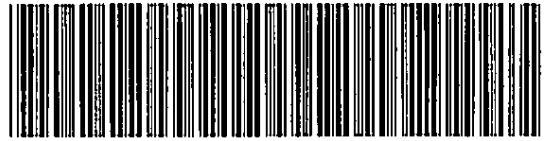
(Business Entity Name)

(Document Number)

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2022 MAY 31 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNIVERSAL JUMPS 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:

ANGELA PADILLA
Name of Person

J&A TAX SERVICES
Firm/Company

1634 SE 47th STREET, SUITE # 20
Address

CAPE CORAL, FL. 33904
City/State and Zip Code

ANGELAPADILLA1977@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA PADILLA at (239) 703-3974
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**

FILED

2022 MAY 31 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FL

UNIVERSAL JUMPS 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 JUNE 16th, 2021 and assigned Florida document number L21000280123.

This amendment is submitted to amend the following:

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

"NOT APPLICABLE"

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)

"NOT APPLICABLE"

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

"NOT APPLICABLE"

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:

"NOT APPLICABLE"

New Registered Office Address:

Enter Florida street address

_____, **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 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>
SECRE	VALERIA VOISIN	2115 SW 49th TERRACE	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL. 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS E CHAGAS	FRANKLIN ROOSEVELT 5814	<input type="checkbox"/> Add
		VILLA URQUIZA	<input checked="" type="checkbox"/> Remove
		BUENOS AIRES, BA CP143-1 AR	<input type="checkbox"/> Change
VICE-PR	ALEJANDRA GAMEZ LEYVA	309 CLEVELAND ST	<input checked="" type="checkbox"/> Add
		TORONTO, ONTARIO	<input type="checkbox"/> Remove
		CANADA, M4S 2W7	<input type="checkbox"/> Change
AMBR	DEAN LAURA G	FRANKLIN ROOSEVELT 5814	<input type="checkbox"/> Add
		VILLA URQUIZA	<input type="checkbox"/> Remove
		BUENOS AIRES, BA CP143-1 AR	<input checked="" 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	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE REMOVE MGR TITLE

PLEASE CHANGE PREVIOUS TITLES FROM PRESIDENT TO AUTHORIZED MEMBER

PLEASE ADD SECRETARY TITLE

PLEASE ADD A VICE PRESIDENT TITLE

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2022 MAY 31 AM 9:40
SECRETARY'S UNIT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated MAY 19th 2022

Valeria Voisin
Signature of a member or authorized representative of a member

VALERIA VOISIN

Typed or printed name of signee