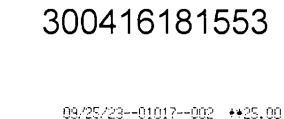
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Office Use Only



COVER LETTER

TO:	Registration Se Division of Cor				
		(· · · · · · · · · · · · · · · · · · ·	DROOF, LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	JRUMP, LLC	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		RICHA	Name of Person	<u>A</u>	
		COLUP	Firm/Company	Σουρ	202 St
			Firm/Company		TAN TO
		22401	V. Wood bought Rd Address Lev Beach FL City/State and Zip Code	591TE 317	1023 SEP 25 PH W 18 SEGRETARY SEPTEM
		N	Address		P.
		1509W1	IN DEACH FL	33426	Ten arr
		E-mail address: (PRIMUS - FL - Com to be used for future annual report not	fication)	
For fur	ther information co	oncerning this matter, please ca	all;		
		1			
	<u> </u>	Amon Vulcs	at (S6) 74 Area Code Daytin	Zuu-0017	
	Name of	Person	Area Code Daytini	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
X\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	S60.00 Filin	of Status &
			(additional copy is enclosed)	Certified Co (additional co)	opy ny is enclosed)
	Mailing Addres	s:	<u>Street Address:</u>		
	Registration S	Section	Registration Se		
	Division of C P.O. Box 632	•	Division of Cor The Centre of T		
	P.O. Box 632	•	The Centre of T		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLUMB	14 MEDICAL GRE	P JLC	
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appear da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability of Florida document numberL_ 2.0001 z 807	Company were filed on	9-24-2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	2023 SEC
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the d	designation "LLC" or the	abbreviation "LCC."
Enter new principal offices address, if applicable:			23 N
(Principal office address MUST BE A STREET ADD	RESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere		ecords, enter the na	me of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	F 4 F1	rida street address	
	Enter Floi		
	City	, Florida _	Zip Code
	Cuj		zap Come

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 Title **Name** <u>Address</u> Type of Action 2240 W Woolhright Rs Salte 317 DAdd MGR Jer, LLC BOYNTON BEACH FL 33426 KREMOVE _____ Change _ 🗆 Remove \square Add _____ □Change _____ □Remove _____ □Change Remove

f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aftended. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	SECRETARY OF STATE TALLARY SEE, FL	
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document's effective date on the Department of State's records.	ional) er filing.) Pursuant iis date will not b	to 605.0207 oc listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (d is filed.	b) The 90th day	y after the
Dated		
Signature of a member or authorized representative of a member		_
RICHARI J. Lucioral Typed or printed name of signee		

Filing Fee: \$25.00