#1 12000/40500

(Re	equestor's Name)			
(Ac	ldress)			
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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE

K.SALY EXAMINER NOV 26 2012



November 14, 2012

STEPHEN MCMURTREY 8040 ST ANDREWS CIR. ORLANDO, FL 32835

SUBJECT: JUMPYROO.COM, LLC Ref. Number: L12000140500

We have received your document for JUMPYROO.COM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 112A00027510

Karen A Saly Regulatory Specialist II

www.sunbiz.org

District of Commentions DO DOV 6997 Well-Lawren Bloods 9991

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUMPY ROO. COM 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:
STEPHEN McMurtrey Name of Person JUMPYROO, COM, LLC Firm/Company SOYO - ST. ANUNEWS CIR Address ORLANDO, FC 32855 City/State and Zip Code STEVEN MURTREY & G. G. MAL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen McMuranty at (403 738-01/3 Name of Person at (403 738-01/3 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)} AMENOT PAIO WYOM FORM \$55.00 Filing Fee & S60.00 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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED"

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(AT	Torida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number	bility Company were filed on 1100	and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	PILLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Potential	77	
	Enter Florida street address		
	City	, Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
	 		Add Remove	
			Add Remove	
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	
				
	1119/12		 	
Dated	Bignature of a member	or authorized representative of a member		
	STOPHEN N	KMUNTVEZ		

Page 2 of 2

Filing Fee: \$25.00