L130000248H

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COVER LETTER

	ation Section n of Corporations								
SUBJECT:	JUMPIES, LLC Name of Limited Liability Company								
50B0EC1	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:									
	JORGE CARDENAS								
Name of Person									
Firm/Company									
11741 NW 29th STREET									
	Address								
SUNRISE, FLORIDA 33323 City/State and Zip Code jumpsies Kids@gmail. Com E-mail address: (to be used for future annual report notification)									
	City/State and Zip Code								
	jumpsies Kids@gmail.com								
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:									
JORG	E CARDENAS at (954) 663-0513								
	Name of Person Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount:									
2 \$25.00 Filing	Fee U\$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

JUMPI	ES, LLC
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L130000 24-8</u>	lity Company were filed on OZ - 18 - 13 and assigned 64.
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	
JUM	PSIES, LLC
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
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 Name of New Registered Agent:	registered office address on our records, enter the name of the new
New Registered Office Address:	
	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Regi	and the state of t

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 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 **Title** <u>Name</u> **Type of Action Address** Remove Remove Remove Remove

D. If a	amending any other i	nformation, e	enter change(s)	here: (Attach additional sheets, if	necessary.)		
					-		
		<u> </u>			-		
			<u>.</u>				
Dated	FEBRUARY	1944	. 2013	_·			
			2				
Signature of a member or authorized representative of a member							
				CARDENAS			
			Typed or pr	inted name of signee			

Page 3 of 3

Filing Fee: \$25.00