L13000-115948

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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05/29/15--01002--003 **25.00

SECRETARY OF STATE

29 MIII: 35

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 MAY 29 AM II: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jumperkits, 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 $\frac{08/16/2013}{1}$ __ and assigned Florida document number L13000115948 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 103 Mark Twain Lane Enter new principal offices address, if applicable: Rotonda West (Principal office address MUST BE A STREET ADDRESS) FL, 33947 103 Mark Twain Lane Enter new mailing address, if applicable: Rotonda West (Mailing address MAY BE A POST OFFICE BOX) FL, 33947 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: 103 Mark Twain Lane New Registered Office Address: Enter Florida street address

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.

City

Rotonda West

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33947
Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Remove
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ffective date, if other than th	e date of filings			(ontional)	
ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this locument's effective date on the	plock does not meet th	ne applicable statu	filing or more than 90 d tory filing requireme	ays after filing.) Pursua nts, this date will no	int to 605.0207 (t be listed as th
e record specifies a delaye The 90th day after the re		but not an eff	ective time, at 1	2:01 a.m. on the	
May, 26th	20	15			SECRET
	•	•			29 ASSE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00