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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	he loculation Name of Lim	G Rings 11	·C -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Me	Ha Kaichen	
	the o	Name of Person	ngs HC.
	2048 NW	Firm/Company	
	Daine	sulve, Fl. s	2-603
	The board i		il. Con
For further information co	oncerning this matter, please ca	all:	
Netta Name o	Ka idlen (Person	at (352) 231 Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



the Bouncing Kings LLC.
(Name of the Limited Liability Company) as it now appears an our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 03/24/20/4 and assigned Florida document number <u>L.14000050492</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent: Sp 3255
New Registered Office Address: Enter Florida street address P
City Florida Zip Code 2
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 **Type of Action** jonathen Hazan 5320 NW 31st terr Gainesville, F1, 32653 ☐ Change Jennifer Kaiden ☐ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove □ Change

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n effective date is listed, the	date must be specific and	d cannot be prior to d	ate of filing or more tha	in 90 days after filing.)	Pursuant to	605.0
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Filing Fee: \$25.00