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K. SALY EXAMINER SEP 2 9 2015



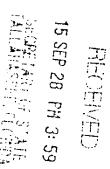
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2015

JUMPERS TRAVEL CLUB, LLC ARLES O HERNANDEZ 2151 CONSULATE DR, STE. 15 ORLANDO, FL 32837-8808

SUBJECT: JUMPERS TRAVEL CLUB, LLC

Ref. Number: L14000176161



We have received your document for JUMPERS TRAVEL CLUB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L05000097789 "JUMPERS, L.L.C.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 415A00014808

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE		RS TRAVEL CLUB LLC	Name of Limited Liability Company			
SOPA	<u> </u>	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		ARLES O HERNANDEZ				
			Name of Person			
			Firm/Company			
		2151 CONSULATE DR STE 15				
ORLANDO, FL 32837-8808						
	City/State and Zip Code					
		info@myjumpers.us				
		E-mail address: (to be used for future annual report notifi	ication)		
For fur	ther information co	oncerning this matter, please ca	all:			
ARLES O HERNANDEZ			407 927-0640 at ()			
	Name of	î Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
■ \$2 :	5.00 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:

TO:

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

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	ORINA

JUMPERS TRAVEL CLUB, 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 L	iability Company	were filed on	NOVEMBER 13, 2014	and assigned
Florida document number L14000176161				
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company	here:	
JUMPERS, LLC				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," th	e designation "LLC" or the abl	previation_"L.L.C."
Enter new principal offices address, if applic	cable:	NA		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			on our records, <u>enter</u>	the name of the new
New Registered Office Address:	NA			
	Enter Florida street address			
		, Florida		
		City		Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:	•		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as pregistered office	performance provided for ir	of my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and If this document is
	If Cha	nging Registered	Agent, Signature of New Reg	istered 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: FILED MGR = Manager AMBR = Authorized Member 2015 SEP 28 PM 2: 57 **Title Address** Name **Type of Action** TALLAHASSEE, FLORIDA NA □ Add ☐ Remove ☐ Change NA _□ Add Remove _□ Change NA _□ Add □ Remove ☐ Change NA □ Add ☐ Remove ☐ Change NA □ Add □ Remove _□ Change NA _ Add ☐ Remove

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at others to done to the	ther than the date of sted, the date must be spe serted in this block do	orno ana oamot de prior t	o date of filing or more tha	(optional) un 90 days after filing.) Purs hirements, this date will i	uant to 605.0207 (3), not be listed as the
		ent of State's records.		,	
	es a delayed effect after the record is		an effective time,	at 12:01 a.m. on t	he earlier of:
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee