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(Re	equestor's Name)	.
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER ,

TO: Registration Secti Division of Corpo			
SUBJECT:	Jungsource Name of Limit	LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Michael	Porter of Person	
	Jump	SOUTCE LLC Firm/Company	
	_ 32032 1 Bx	NAM 32 SE S	2nd Am #145
	Delray 1	Bruch FL 3344 City/State and Zip Code	<u> </u>
	Mike (a) E-mail address: (to	Se used for future annual report notifica	ation)
For further information cond	cerning this matter, please cal		
Same of Pe	Porter	at (<u>978</u>) <u>SOO</u> Area Code Daytime T	3 5 66 elephone Number
Enclosed is a check for the f	ollowing 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

Jum	psource	LLC		
(Name of the Limited	Liability Company a Florida Limited Liab	is it now appears on o		
The Articles of Organization for this Limited Lial Florida document number 81-314-833	bility Company we <u> \$\L\ </u> 5\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	re filed on Ay 49 298	25, 2015	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liability	company here:		
Tex file F. The new name must be distinguishable and contain the wor	arts 50	per 5 tore	LLC	
The new name must be distinguishable and contain the wor	rds "Limited Liability (ompany," the designa	tion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicat	ble: _			
Principal office address MUST BE A STREET	ADDRESS)			
	-	w -		
				7
Enter new mailing address, if applicable:				3 30
Mailing address MAY BE A POST OFFICE B	<u> </u>			
			_ 	
B. If amending the registered agent and/or				5
B. If amending the registered agent and/or registered agent and/or the new registered officered.	r registered office ce address here:	address on our	records, enter th	ie name of the ne
PARTIES HAVE BILLY OF THE HEAT A PROPERTY OF THE	•••			₹.
Name of New Registered Agent:				
New Registered Office Address:		e1 816 * *		
		Enter Florida str	eet address	
		- C'	, Florida	Zip Code
		City		ыр Сове

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
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Note: If	re date, if other than the date of filing: April 2017 (optional)	ursuant to 605.020
ocumer	nt's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier o
ated	March 17 . 2017.	
	Marie Marie	7
	Signature of a member or authorized representative of a mornor	AR
		מת
	Michael Porto I	20
	Michael Porter Jr Typed or printed name of signee	00 AM 85: 44

Filing Fee: \$25.00