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(Re	questor's Name)	• • •
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(Cit	ry/State/Zip/Phone	e #)
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TALLAHASSEE FLORIDA
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## **COVER LETTER**

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TO: Registration Division of	on Section Corporations		•	1	
SUBJECT:	JUM FRY	cking	Liability Company		
		Tanne or Limited	Classifity Company		
The enclosed Article	es of Amendment and fee	e(s) are submit	ed for filing.		•
Please return all con	respondence concerning	this matter to t	he following:		•
		NIOR	VA LADI Name of Person	izes ·	<del></del> .
,		<i>VY</i>	Firm/Company	LLC	·
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For further informati	ion concerning this matte		e naon for trains m <b>á</b> tmit te	epon nouncement	5
Jonno	L UA LADA	res	at ()	Daytime Telepho	na Niverbar
MB	une of Person		Atea Code	Daytime Telepho	me Mumber
Enclosed is a check	for the following amount	•	•		•
\$25.00 Filing Fe	e S30.00 Filing Certificate of		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose
M.	•				derived soft to owner

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

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The Articles of Organization for this Limited Lia	• • •	n	and a	SS
Florida document number <u>L 16 0002</u>	17426			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability compar	<u>iv here</u> :		•
			.÷	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,"	the designation "LLC" or the	abbreviation "	L.I
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREET	(ADDRESS)			_
	<del></del>			
Enter new mailing address, if applicable:				
Enter new making address, it applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office addres	s on our records, ente	1	6.A
(Mailing address MAY BE A POST OFFICE E	or registered office addres	s on our records, ente	r the name	e Corton
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(Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or registered agent and/or the new registered offi  Name of New Registered Agent:  New Registered Office Address:	or registered office addressice address here:  Enter	- r Florida street address	1	ではいている。
Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent.	r registered office addressice addressice address here:  Enter	r Florida street address , Florida	TAPR 21 PH C: 4 Zap Code	でであている。「「「
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered agent the appointment as registered.	egistered Agent:	Florida street address , Florida _ , this capacity. I further a	Zip Code	1000 C
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered provisions of all statutes relative to the proper accept the applications of my position as registered.	cr registered office addressice addressice address here:  Enter City egistered Agent: I agent and agree to act in the rand complete performance tered agent as provided for	r Florida street address, Florida this capacity. I further at e of my duties, and I am in Chapter 605, F.S. Or	Zip Code gree to com familiar w r, if this doo	TUNE STATE OF THE PRINTERS OF
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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name <sup>*</sup>	Address	Type of Act
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	SANAbria	LAIGIAND Fl 33801	Remove
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D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: If th	late, if other than the date of filing:  Of 19  (optional)  e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.
If the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eath day after the record is filed.