

L17000044650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

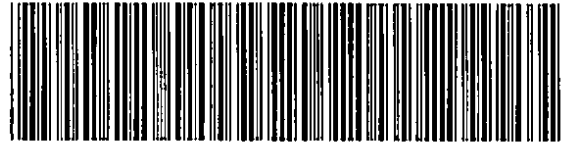
(Business Entity Name)

(Document Number)

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FILED
2020 APR 13 AM 7:08
STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
TAX DIVISION

APR 24 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUMP-START YOUR SUCCESS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA TOUSSAINT

Name of Person

JUMP-START YOUR SUCCESS, LLC

Firm/Company

19821 N.W. 2ND AVENUE, STE #115

Address

MIAMI, FLORIDA 33169

City/State and Zip Code

JUMPSTARTYOURSUCCESSLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA TOUSSAINT

305

902-5895

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUMP-START YOUR SUCCESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 APR 13 AM 7:08
FILED
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI

The Articles of Organization for this Limited Liability Company were filed on 02/24/2017 and assigned
Florida document number L17000044650

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."

Enter new principal offices address, if applicable:

512 N.W. 100TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33150

Enter new mailing address, if applicable:

19821 N.W. 2ND AVENUE, STE #115

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33150

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LISA TOUSSAINT	512 N.W. 100TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33150	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LISA TOUSSAINT	19821 N.W. 2ND AVENUE, STE #115	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AMENDED AND RESTATED ARTICLES OF ORGANIZATION. LIMITED LIABILITY COMPANY PURPOSE
EFFECTIVE IMMEDIATELY - ALL AMENDMENTS TO SAID LIMITED LIABILITY COMPANY, FILED AND
DATED ON APRIL 4, 2019, REGARDING THE LIMITED LIABILITY COMPANY'S PURPOSE, LIMITATIONS,
MANAGEMENT, AND DISSOLUTION IS NO LONGER IN EFFECT; ORIGINAL LIMITED LIABILITY
COMPANY'S PURPOSE, LIMITATIONS, MANAGEMENT, AND DISSOLUTION REENACTED.


E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective 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 earlier of: (b) The 90th day after the record is filed.

Dated 7TH DAY OF APRIL , 2020 .



Signature of a member or authorized representative of a member

LISA TOUSSAINT

Typed or printed name of signee