

L17000176227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2017 SEP -5 PM 3:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

K SALY
SEP -7 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jump 2015, 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:

BRIAN DUNLEAVY

Name of Person

Firm/Company

18804 FOREST GLEN CT.

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

DUNLEAVY03@GMAIL.COM

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

For further information concerning this matter, please call:

Ajay Singh, Esq.

813 867.2640
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2017 SEP -5 PM 3:48
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

This amendment is submitted to amend the following:

JUMP 2015 LLC

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 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

Civ

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>Address</u>	<u>Type of Action</u>
MGR	CHANGE YOUR LATITUDE, LLC	18804 FOREST GLEN CT.	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHANGE YOUR ALTITUDE, LLC	18804 FOREST GLEN CT.	<input checked="" type="checkbox"/> Add
		TAMPA, FLORIDA 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2019 SEP -5 PM 3:40
CLERK OF CIRCUIT COURT
HALL COUNTY, GEORGIA

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

Blank lines for amending information.

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CLERK OF DISTRICT COURT
ALABAMA

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)

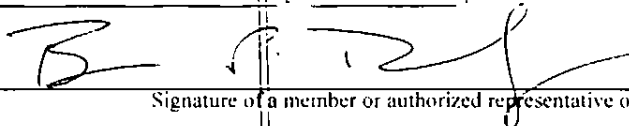
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 25

2017



Signature of a member or authorized representative of a member

BRIAN DUNLEAVY

Typed or printed name of signee