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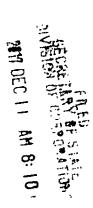
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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N. CAUSSEAUX DEC 1 3 2017

## COVER LETTER

го:	Registration Se Division of Cor				
SUBJE	Discount M	attress PC	LLC		
ODJE	C1:		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendmer	it and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ndence cor	cerning this matter	to the following:	
		David (	 Cooper 		
		<del>,</del>		Name of Person	
				Firm/Company	_ <del></del>
		4867 E	ngland Ave		
				Address	
		North I	Port, Florida, 34288		
		getboun	cyrentals@gmail.co	City/State and Zip Code m	
Con front	oor information o	ancomina t	E-mail address: ( his matter, please ca	to be used for future annual report noti	fication)
David C		oncerning t	ins matter, please ea	941 276-9773	
	Name of	f Person		at ()	ne Telephone Number
Enclose	d is a check for th	ne followin	g amount:		
<b>■</b> \$25.	00 Filing Fee		0 Filing Fee & titicate 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 ADDI Registration Section		pn	STREET/COURI Registration Section	on	
	P.O. Bo	n of Corpo ox 6327 ssee, FL 32		Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Discount Mattress PC LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000246608	were filed on 12/01/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Get Bouncy LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	4867 England Ave
(Principal office address MUST BE A STREET ADDRESS)	North Port, Florida, 34288
r	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	77.77
	A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Numary of Nieur Popietand August	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
ļ	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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 Address **Type of Action** <u>Title</u> Name | □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Roppo ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
•	<u>·   · · · · · · · · · · · · · · · · · ·</u>
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	<del>- </del>
	<u> </u>
	<u></u>
55 de 11 - 12 - 12 - 13 - 13	12/15/2017
Note: If the date inserted in document's effective date or	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne record is filed.
Dated December 7th	2017
	Signature of a member or authorized representative of a member
David Cooper	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00