L18000087300

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COVER LETTER

	egistration Sc ivision of Cor			•
SI:DIE/"F	JUMP FOR	R FUN PARTY RENTAL LLC		
SUBJEC, I	•	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		HUMBERTO S. TOLEDO)	
			Name of Person	
		JUMP FOR FUN PARTY	RENTAL LLC	
			Firm/Company	
		2101 NW 120 ST		
			Address	
	MIAMI, FL 33167			
			City/State and Zip Code	
		HUMBERTO.TOLEDO00	_	
For thether	intermetion o	E-mail address: (oncerning this matter, please c	to be used for future annual repo	rt notification)
			ati.	
HUMBER'	TO TOLEDO		305 607-30 at ()	004
	Name o	f Person	Area Code D	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &
Ro	ailing Addres agistration S ivision of C		Street Addre Registratio Division of	
Ρ.	O. Box 632	7	The Centre	of Tallahassee
Tallahassee, FL 32314		2415 N. M	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUMP FOR FUN PARTY RENTAL LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Geometric Research Florida document number $\frac{1.18000087300}{1.18000087300}$	Company were filed on <u>04/06/2018</u> .	and assigned
This amendment is submitted to amend the following:		. J
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD.		e abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the n	ame of the new registered
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>	Type of Action
MGR	TOLEDO, HUMBERTO S.	2101 NW 120 ST	■Add
		MIAMI, FL 33167	□Remove
MGR GADEA, FRANK A.	GADEA, FRANK A.	10945 NW 19 AVE	■Add
	MIAMI, FL 33167	□Remove	
		□ Change	
		□Add	
			Remove
			□Change
			[]Add
		□Remove	
	40.00.00	□Change	
		□Add	
		□Remove	
		□ Change	
		□Add	
		□Remove	
			□('hanve

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effective danse) Note: If the d	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605.0207 (3)(I date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records.
the record specit ford is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	06/25/20
	Signature of a pheriber or authorized representative of a member
111	JMBERTO S. TOLEDO
_	Typed or printed name of signee

Filing Fee: \$25.00