

L18000087300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

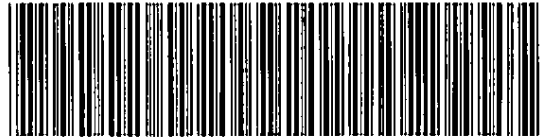
(Business Entity Name)

(Document Number)

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AUG 17 2020

S. YOUNG

2020 JUL -6 AM 6:57

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JUMP FOR FUN PARTY RENTAL 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:

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.TOLEDO001@GMAIL.COM

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

For further information concerning this matter, please call:

HUMBERTO TOLEDO

305

607-3004

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

and assigned

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

and assigned

signed  
11/16/57

71

ed -

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Journal of Internal Medicine 260: 179–186

\_\_\_\_\_

**, Florida**

Cin. Zin Cade

City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
 Expired 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	TOLEDO, HUMBERTO S.	2101 NW 120 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33167	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GADEA, FRANK A.	10945 NW 19 AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33167	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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)

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 06/25/20

HUMBERTO S. TOLEDO

Typed or printed name of signee

**Filing Fee: \$25.00**