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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

APPROVED AND FILED



COVER LETTER

	gistration Sec ision of Corp		. •			
CUBILIZE.		UCTION LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	d Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		JUAN JOSE UBIRIA MEI	DEROS			
			Name of Person			
JUM PRODUCTION LLC						
	Firm/Company					
		5825 COLLINS AVENUE - SUITE 7 F				
		MIAMI BEACH, FL 3314	Address			
			City/State and Zip Code			
		BRICLAW1@GMAIL.COM	o be used for future annual report notifi	ication)		
For further i	nformation co	ncerning this matter, please ca	·			
JUAN JOSI	E UBIRIA ME	EDEROS	786 286-6999 at ()			
	Name of	Person		Telephone Number		
Enclosed is	a check for the	e following amount:				
■ \$25.00 F	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

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

JUM PRODUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/11/2018}{1}$ and assigned Florida document number L18000284271 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." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/AEnter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

N/A

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>	Address	Type of Action
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		MIAMI BEACH, FL 33140	☐ Change
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Dated _	DECEMBER 21	 .	- 2018	 :				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00