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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bouncing Zone and Move 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:
Wigherto Figuerca
Name of Person
Bouncing Zone and More Firm/Company
4839 Ashurst St.
City/State and Zip Code Wjuff84@holmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wigherto Figueroa at (321) 274 - 6054 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Bouncing Zone	and Ho	ve LLC		
(Name of the Limiter	d Liability Compar A Florida Limited L	y as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document numberL 19 00011819		were filed on _	May 01,2	old and as:
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company h	<u>ere</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the	designation "LLC" or	the abbreviation "L.
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			2519 SEP
			· · · · · · · · · · · · · · · · · · ·	- 5
B. If amending the registered agent and/or registered agent and/or the new registered off			n our records, <u>s</u>	enter the name o
				<u> </u>
Name of New Registered Agent:				
New Registered Office Address:				36
		Enter Flo	orida street address	
			, Floric	
		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 complete provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
<u>MGP</u>	Wigberto Figueroa	4839 Ashurst St. Kissimmec Fl	□ Adı
			Cha
MGR	Vanessa Pevez	4839 Asharst St. Kissimmer Fi	L DAdd
			□ Rem
			Char
			Add
			Chang
			D Add
			Remov
		 -	Change
			Remove
			Change
			C Remove

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effect Note: If	e date, if other than the date of filing: 7/31/19 (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
(b) The 9	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlied oth day after the record is filed.
Dated	7/30/19 Signature of a member or authorized representative of a member Wigher to Figure of Signee Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Wig berto Figuero: Typed or printed name of signee

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Filing Fee: \$25.00