1/12/22, 3:13 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAVENSON, FRASER & LUNSFORD, PLLC

Account Number : I20140000035

Phone : (904)567-1162

Fax Number : (904)567-1065

Enter the email address for this business entity to be used for futur $\overline{\overline{\mathbb{R}}^{(r)}}$ annual report mailings. Enter only one email address please.

Email Address: __sarah@efli.law

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUM GROUP, LLC

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| Page Count | 04 |
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JAN 13 2022

S. PRATHER

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Help

To: 18506176383 From: 19047196848 Date: 01/12/22 Time: 12:20 PM Page: 02/05

COVER LETTER

| TO: | Registration Se Division of Cor | | | * | | |
|-----------|--|---|---|---|--|--|
| cuntra | JUM GRO | UP, LLC | | | | |
| SUBJEC | <u></u> | Name of Lim | ited Liability Company | | | |
| The encl | losed Articles of | Amendment and fec(s) are sub | mitted for filing. | | | |
| Please re | aturn all correspo | ondence concerning this matter | to the following. | | | |
| | | Sarah Hoffman | | | | |
| | | | Name of Person nson, Fraser & Lunsford, PLLC Firm/Company Pablo Professional Court, Suite 250 Address onville, FL 32224 City/State and Zip Code | | | |
| | | Eavenson, Fraser & Lunsfe | ord, PLLC | | | |
| | | | Firm/Company | | | |
| | | 4230 Pablo Professional C | ourt, Suite 250 | | | |
| | | | Address | | | |
| | | Jacksonville, FL 32224 | | | | |
| | | | City/State and Zip Code | | | |
| | | sarah@efli.law | | | | |
| Parkant | | | | meation | | |
| | | concerning this matter, please t | | | | |
| Sarah H | offman | | 904 425-9975 at () | | | |
| | Name o | of Person | Area Code Daytin | ne Telephone Number | | |
| Enclosed | d is a check for t | he following amount. | | | | |
| | .00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Addre Registration Division of C | Section Corporations | Street Address: Registration So Division of Co | orporations | | |
| | P.O. Box 632 | 21 | The Centre of | r arranassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Date: 01/12/22 Time: 12:20 PM Page: 03/05 To: 18506176383 From: 19047196848

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ARTICLES OF | AMENDMENT |
|--|--|
| TO ARTICLES OF C | |
| О | F |
| JUM GROUP, LLC | \$2 P |
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000208336</u> | were filed on 05/04/2021 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi | |
| | 5465 Verna Blvd. |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Jacksonville, FL 32205 |
| Enter new mailing address, if applicable: | 5465 Verna Blvd. |
| (Mailing address MAY BE A POST OFFICE BOX) | Jacksonville, FL 32205 |
| Annual Languages State 1915 A 2 0012 012 1002 1000 1 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name 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.

To: 18506176383 From: 19047196848 Date: 01/12/22 Time: 12:20 PM Page: 04/05

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 |
|--------------|-----------------------|------------------------|----------------|
| MGR | FRESHWATER, CHARLES D | 8812 ALTON AVENUE | |
| | | JACKSONVILLE, FL 32211 | ■Remove |
| | | | Change |
| MGR | DOYLE, DENNY | 8812 ALTON AVENUE | |
| | | JACKSONVILLE, FL 32211 | ■Remove |
| | | <u></u> | Change |
| MGR | BROWN, MATT | 8812 ALTON AVENUE | |
| | | JACKSONVILLE, FL 32211 | ■Remove |
| | | | Change |
| MGR | SL JUM Investors, LLC | 5465 Verna Blvd. | = Add |
| | | Jacksonville, FL 32205 | Remove |
| | | | □Change |
| | | | |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | |
| | | | Clehana |

To: 18506176383 From: 19047196848 Date: 01/12/22 Time: 12:20 PM Page: 05/05

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| rd is filed. | Jan | | /s/Cho | | water entative of a member | - | | 2022 JAN 12 AM 10: 46 |

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