## L22000384404

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## **COVER LETTER**

TO: Registration Se Division of Co				
XJUMPS I	.LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PAULINE HO CPA			
	<del> </del>	Name of Person		
	LAUS CONSULTING SE	RVICES LLC		
		Firm/Company		
	879 OUTER ROAD, STE	В		
		Address	<del></del>	
	ORLANDO, FL 32814			
		City/State and Zip Code		
	info@lausconsult.com E-mail address: (	to be used for future annual repor	t notification)	
For further information of	concerning this matter, please c	·		
PAULINE HO CPA		407-40		
Name c	of Person	at () Area Code D.	aytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 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 Addres Registration		<u>Street Addre</u> Registration		
Division of Corporations		Division of	Division of Corporations	
P.O. Box 6327		The Centre	of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XJUMPS 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 Sep 1 2022 and assigned Florida document number L22000384404 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: X JUMP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1095 State Road 436 Enter new principal offices address, if applicable: Casselberry, FL 32707 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

## 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

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
	<del></del>	<del></del>	□Add
			Remove
			Change
			□Remove
			Change
			□Add
			Remove
			🗆 Add
			Remove
			□Change
		□Add	
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	1/10/2014.
	3 1/2
	Signature of a member or authorized representative of a member
	YUEN HEI CHAN
	Typed or printed name of signee

Filing Fee: \$25.00