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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Bumpi Ho Name of Lin	oldings, LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		
	<u>P</u> 20	2 mp Huldings, 1	LLC	
	1085	ONW BOST Address	Pay 3	
	<u> </u>	h Gardons, Fl City/State and Zip Code	<u> 33018</u>	
	ZULUGG E-mail address:	a @ +hp (+ou+arc) to be used for future annual report noti	DUP-COM fication)	
For further information of	concerning this matter, please c	all:	2022	
Name o	ILLG CJCA of Person	at (786) 355 Area Code Daytim	7027 NE 25 PR 3	eranom A sand = 1
Enclosed is a check for t	he following amount:		1.4. <del>1.</del> 5. 1.4. 1.4. 1.4. 1.4. 1.4. 1.4. 1.4. 1.	(
⊠ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	1

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bump		is LL	<u>^</u>			
(Name of the Limited Liah (A Flor	ility Company as it now ida Limited Liability Cor	v appears on ou mpany)	r records.)		_	
The Articles of Organization for this Limited Liability Florida document number <u>L24 00032517</u>		lon <u>Jar</u>	1.16,2	02 <u>4</u> and	l assigne	ed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability comp	oany here:				
The new name must be distinguishable and contain the words "L	imited Liability Compan	y," the designati	on "LLC" or the	abbreviation	n "L.L.C.	
Enter new principal offices address, if applicable:		<del></del>				
(Principal office address MUST BE A STREET ADL	ORESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del> -				
		<u></u>			<u>.</u>	<b></b>
B. If amending the registered agent and/or register agent and/or the new registered office address here		ı our records	, enter the na	ime of the	25 P	gistered
Name of New Registered Agent:				1112	<u>ाः</u> — <u>५</u> -	<u></u>
New Registered Office Address:				77	<u>ي.</u> آ	
	E)	nter Florida stree	et address	, ,		
	Citi		, Florida <sub>-</sub>	Zip Ca		
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## 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.

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	Wette Zuluaga	10850 NW 138 street	i⊻Add
		Bay 3	□Remove
		Hallean Gardens, FL330	<u>98</u> □Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			Remove 3: Line Charge
			F THE CHOPPE
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an effective date fote: If the dat	if other than is listed, the date e inserted in thi etive date on th	must be specif is block does	ic and cunnot b not meet the	e prior to date of applicable stati	filling or more tha	(option in 90 days after fil direments, this d	ing.) Pursuandi	ယ္ o 6 <b>હ</b> 5020' e listed as
record specifie Lis filed.	s a delayed effe	ective date, bu	t not an effec	tive time, at 11	2:01 a.m. on the	earlier of: (b)	The 90th day	after the
ated <u>JC</u>	in 24		<u>20</u>	24.				
	(	Signature	of a member o	Lu aa Gi r authorizad repi	resentative of a m	nember		_
		10	110 7		<b>の</b> f signee			