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COVER LETTER

TO: Registration So Division of Cor			
Forever Jui			
SUBJECT:		ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patricio Martinez		
		Name of Person	
		Firm/Company	
	200 S Grove st		
		Address	······
	Deland FL 32724		
		City/State and Zip Code	
	yolanda.martinez37@yahoc E-mail address: (o.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please co		
Patricio Martinez		386 7481018	
Name o	of Person	Area Code Daytime	· 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forever Jumpers LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on August 23,2024	and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Floric	Ta Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	r
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and a ent as provided for in Chapter 605, F.S	l am familiar with and ` S. Or, if this document is
		• <u>•</u>
		<u> </u>
	If Changing Registered Agent, Signature of N	ew 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
MGR	Patricio Martinez	200 S Grove st Deland, FL 32724	≣ Add
		Yolanda Martinez	■ Remove
			□Change
AMBR	PatricioMartinez	200 S Grove st Deland, FL 32724	■Add
		Isabel Berriozabal	≅Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			Remove
			☐Change
			, ; ;) ☐Remove
			□Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if	necessary.)
	-	· · · · · · · · · · · · · · · · · · ·
		
		
		
Note: If the date inserted in this document's effective date on the	·	s, this date will not be listed as the
record is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of	or: (b) The 90th day after the
Dated August 29	2024	
Malance	Signature of a member or authorized representative of a member	
- y pire	Signature of a member or authorized representative of a member	- 5
Yolanda Martinez		
	Typed or printed name of signee	