Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000207509 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

: (305)552-5973

Phone

: (305)675-5944

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Email	Address:_	 	 <u> </u>	
Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY BOXES EXPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY 2 4 2021

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY BOXES EXPRES LLC		
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ordi.)
The Articles of Organization for this Limited Liab Florida document number L21000178948	ility Company were filed on 04/21/2021	and assigned
This amendment is submitted to amend the follow	ing:	202 TĂL
A. If amending name, enter the new name of the	he limited liability company here:	LAHAY 2
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "L	LC' or the abbreviation "LLC."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	다. 다. 요.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tresi
		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.

3052201440

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

Title	Name	Address	Type of Action
MGR	JHONATTAN DUBOCK VASQU	1501 NW 82ND AVE MIAMI, FL 33126	≅Add
			= A00
			□Remove
			70 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
			AHA S C Remove
			Continge SS
			🖸 Add
			□Remove
			□Change
·			
			□Remove
			□Change
			[]Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

	7 v. 22
	LA HA
	SS 22
	7 0: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
	35 35 A
	
CILETIVE OSTE II OTBOY than the dute of Alles.	/21/2021
If an effective date is listed, the date must be specific and cannot	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as i
document's effective date on the Department of State's	records.
e record equation a delayed off-stire to be the con-	
rd is filed.	Tective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 21 202	71
Dated,	
	und
<u> </u>	er or authorized representative of a member