L09000110726

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Co	i.		
SUBJECT:		EHBOX	· · · · · · · · · · · · · · · · · · ·
	Name of Limi	ited Liability Company	, Exo
		•	27
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	TO STORY
Please return all corresp	ondence concerning this matter	to the following:	12 HAR 26 PH 1:46
			<u>*</u>
	Francesca Sueret		<u> </u>
÷		Name of Person	•
		Ehbox	
•	Firm/Company		
	800	0 West Avenue Apt 335	
		Address	
	M	liami Beach FL 33139	
	** F	City/State and Zip Code	
	E mail addraga (info@ehbox.com to be used for future annual report notific	ntion\
Eas Cash an in Camaratian	·	•	ation)
ror lutther information	concerning this matter, please of	zan:	
Fran	ncesca Suereth	at (305) 5	5389697
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
	_	Files of Bull of Bull of	Paralle Co. On Paralle - Paralle
[7] \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	JING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EHBOX		1 25 1 26
(Name of the Limited L (A F	ability Company as it now applorida Limited Liability Company	ears on our records.)	AR 26 PA
The Articles of Organization for this Limited Liab Florida document number L090001107		17 November 2009	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company l	<u>here</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Cor	npany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)	······································	**************************************
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		

B. If amending the registered agent and/or registered agent and/or the new registered offic	<u> </u>	a our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		\$	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
-	City	, Florida	Zip Code
	9,	•	

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Address</u> Name | Мг Juan Palmada ☐ Add 800 West Avenue apt 335 Miami Beach FL 33139 √ Remove Carlos Julia Mr 350 ne 24th street unit 104 ☐ Add √ Remove Miami Fl 33137 ☐ Add Remove □ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member rances ca Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00