

Florida Department of State

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.

(((H12000195680 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 : ALONSO & GARCIA, P.A.

Account Number : I20020000031 Phone

: (305)448-3898

Fax Number

: (305)443-9073

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COURTER BOX LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

FILED'

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 AUG -2 AM 8: 50 SEUNLIARY OF STATE TALLAHASSEE, FLORIDA

COU	RIER BOX LLC		
(Name of the Limited Liability (A Florida L	Company as it now appearment of Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number L10000114717	ompany were filed on	11/03/2010	and assigned
Florida document numberL10000114717	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	e <u>re</u> :	
	N/A		
The new name must be distinguishable and end with the word "L.L.C."	ds 'Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDR	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 addr	ered office address on <u>ess here</u> :	our records, <u>enter t</u>	he nange of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
•	E	nter Florida street add	ress
·		, 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 608, F.S. Or, if this clocument 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

Title	<u>Name</u>	Address	Type of Action
MGR	MAURICIO ATANACHE G.	1770 NW 96 Th Ave DORAL EL 33172	I⊠ Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
	<u> </u>	·	Add Remove
			Add Remove
D. If an	•	e(s) here: (Attach additional sheets, if necessary.) the Garzon's title in the Limited Liability	
		. He is NOT a Managing Member and/or	
	Member.		
			_
Dated _	June 28 / 20	12	_
	X		
	1	or authorized representative of a member	
		C. ROJAS RODRIGUEZ or printed name of signee	
	/	Page 2 of 2	