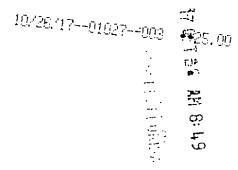
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(Requestor's Name)	
(Address)	_
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PICK-UP WAIT MAIL	-
(Business Entity Name)	
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(Document Number)	
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OCT 27 2017 Y SULKER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	COSTUME	BOX, LLC	
SUBJECT:		ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ondence concerning this matter t	to the following:	
	RUPE	RT KUGLER	·
		Name of Person	
	2 :	Firm/Company	
	<u> </u>	30x 5/1 288 Address	
	24.470	Address	77 QC1
	PUNTA	GORDA FL City/State and Zip Code	33037
		o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
Nome	f Person	at () Area Code Daytime	T. J. othern a Marsch an
Name o	rerson	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1
Tallaha	ssee. FL 32314	2661 Executive Cen Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSTUME BOX, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter: the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
Cuy Zup 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.

If Changing Registered Agent, Signature of New 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	RUPERT KUGO	LER 110 GILCHRIST	<u>∫</u> ∩ Add
		PUNTA GORDA, FL 339	Remove
			Change
MGRM	BRIGITTE SCHUTZ	MANN	X (Add
		1815 TAYLOR RD.	□ Remove
		PUNTA GORDA, FL 33.	124 Change
MGRM	ALEXANDER NEID)	je (Add
		1815 TAYLOR RD.	
		PUNTA GORDA, FL333	\[O \subset Change
			Add
		· · · · · · · · · · · · · · · · · · ·	
			G:Add
			Remove
			Change
			D Add
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if i	- /	
		
		<u>-</u>
		
		*
	· · ·	
		
	<u>"?#</u>	
	· · ·	8+ 18 R
	2	\$; #
Effective date, if other than the date of filing:	ptional)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will r	not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on th	ne earlier of
Dated 1 10 13		
Signature of a member or authorized representative of a member		
Rupert Kusler Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00