

Division of Corporations

Page 1 of 1

L11000017066

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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Fax Number : (323) 962-3889

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORANGE BOX NEW ENGLAND, LLC**

Certificate of Status	0
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D. BRUCE

APR 08 2011

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Corporate Filing Menu

EXAMINER

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TALLAHASSEE, FLORIDA

FAX COVER SHEET**TO****COMPANY****FAX NUMBER** 18506176383**FROM** Ani Muradian**DATE** 4/6/2011 5:31:39 PM PDT**RE** Orange Box New England, LLC 500361268**COVER MESSAGE**

Ani Muradian | Business Special Filing Specialist

323.962.8600 x 7950 | Fax 323.962.8300 | amuradian@legalzoom.com

www.legalzoom.com<<http://www.legalzoom.com/>> | 101 N. Brand Blvd., 10th Floor
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ORANGE BOX NEW ENGLAND, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Dang
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

100 W. Broadway Suite 100
(Address)

Glendale, CA 91210
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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11 APR -7 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORANGE BOX NEW ENGLAND, 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 02/09/2011 and assigned
Florida document number L11000017066.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Apple Box New England, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

(City)

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 29, 2011.

Lisa M. Miracle-Wulf

Signature of a member or authorized representative of a member

Lisa M. Miracle-Wulf

Typed or printed name of signee

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