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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: I FINISH STRONG, LLC	
	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	BUAN J MUEIGH Name of Person	
	I FINISH STRONG , LLC. Firm/Company	
	11731 NW 38 Th PLACE	
	SUNCISE FL 33323 City/State and Zip Code	
	E-mail address: (to be used for furture annual report notification)	
For furt	her information concerning this matter, please call:	
_ <u>B</u>	Name of Person at (954) 1005 - 1404  Area Code & Daytime Telephone Number	
Enclose	d is a check for the following amount:	
<b>\$2</b> 5.	00 Filing Fee \$\ \text{S30.00 Filing Fee & }\ \text{S55.00 Filing Fee & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} (additional co	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I FINISH STRONG	, LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on out I Liability Company)	<u>ur records.</u> )
The Articles of Organization for this Limited Liability Compar	ny were filed on HAY	31 , 2012 and assigned
Florida document number <u>L12000072518</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
BOX JUNKIE, LLC		
The new name must be distinguishable and end with the words "Linus Land and with the words "L	mited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		JUN 18 PL
(Mailing address MAY BE A POST OFFICE BOX)		F S IAI
	<u></u>	RPAT <b>5</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, 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 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ n
	<u> </u>		Remove
			Add
<del></del>			□ Damova
			- Demove
. If amend	ling any other informatio	n, enter change(s) here: (Attach additional sheets,	
_			
ated <u>J</u>	UNE 13		
	Signat	ure of a member or authorized representative of a member of a member of signee  Typed or printed name of signee	per

Page 2 of 2

Filing Fee: \$25.00