## 13000158208

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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Nume)
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## **COVER LETTER**

•		COVER LETTER	
TO: Registration S Division of Co			
New Box SUBJECT:	Products LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joanne K. Muskopf		
		Name of Person	
	New Box Products LLV		
	4625 Suntree Blvd.	Firm/Company	
	4023 Suntree Bivu.		
	Orlando, FL 32817	Address	
	joanne_muskopf@newboxp	City/State and Zip Code roducts.com	·····
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Joanne K. Muskopf		407 255-7206	
Name	of Person		Telephone Number
Enclosed is a check for	he 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 Stat Certified Copy

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

New Box Products LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.' ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/11/2013	and assigned
Florida document number L13000158208		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
'he new name must be distinguishable and contain the words "Limited I	.iability 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	5)	3 SE
		<b>C</b>
		<u> 1</u> 35:
Enter new mailing address, if applicable:		
	<del></del>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address  Name of New Registered Agent:	d office address on our records, here:	enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	,, Flor	
<del></del>	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alan M. Shafer	1376 Augusta National Blvd. Winter Springs, FL 32708	_ ■ Add
			Remove
	Robert J. Begley	P. O. Box 3390	Change
MGR 		Winter Park, FL 32790	Add
			☐ Remove
			Change
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ective date, if other than the a effective date is listed, the date must	date of filing:	rior to date of filing	or more than 90 days af	tional) Per filing ) Pusseant to 60	05 O.
te: If the date inserted in this blo nument's effective date on the De	ck does not meet the ap	olicable statutory i	iling requirements, t	his date will not be lis	sted
record specifies a delayed he 90th day after the reco	effective date, but rd is filed.	not an effectiv	e time, at 12:01	a.m. on the earl	lier
September 27	2018				
	K. Thuske	1.1			

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Typed or printed name of signce

Filing Fee: \$25.00