

L14 0000 000 82

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

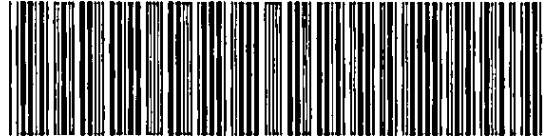
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/02/18--01021--001 **25.00

SECRETARY OF
FALLAH/SSI/ENR
18 JAN -2 AM 5:19



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L.Box Development, 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:

Gary Jenkins

Name of Person

L.Box Development, LLC

Firm/Company

761 Island Way

Address

Clearwater, FL 33767

City/State and Zip Code

gjenkins@lboxdevelopment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Jenkins

904

536-3534

at ()

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

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

I. Box Development, 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 01/02/2014 and assigned
Florida document number 114000000082.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

701 S Howard Ave
Suite 101
Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 S Howard Ave
Suite 101
Tampa, FL 33606

RECEIVED
FALLAHIA STREET
18 JAN - 2 AM 5: 11

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:

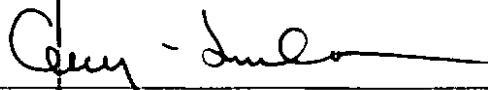
Name of New Registered Agent: Gary Jenkins

New Registered Office Address: 701 S Howard Ave, Suite 101
Enter Florida street address

Clearwater Florida 33606
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>	<u>Type of Action</u>
MGR	Bozo, Lubo	140 Island Way	<input type="checkbox"/> Add
		Box 223	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33767	<input type="checkbox"/> Change
MGR	Lubomadis Bozo-Diaz	701 S Howard Ave	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
AMBR	Gary Jenkins	701 S Howard Ave	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

18 JAN - 2 AM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 28, 2017



Signature of a member or authorized representative of a member

Lubomadis Bozo-Diaz

Typed or printed name of signee