

Division of Corporations  
**L14000017737** Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BEACH BOXES, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

RECEIVED  
14 NOV 21 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
14 NOV 21 PM 2:25  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H14000271063

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BEACH BOXES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 NOV 21 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/31/2014 and assigned  
Florida document number L14000017737

This amendment is submitted to amend the following:

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

BoVault, LLC

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

Enter new principal office 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)

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

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 603, 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

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H14000271063

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filing date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 10, 2014

Susan Artzi  
Signature of a member or authorized representative of a member  
Artzi Holdings, LLC  
Typed or printed name of signer

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