L1500052775

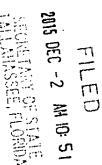
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





200279504582

12/02/15--01006--037 **25.00



COVER LETTER 🎍

TO: Registration Se Division of Cor	ection ' ' rporations				
THE BOX					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	John Ainsworth Esq.				
		Name of Person			
-	Perez-Roura Ainsworth Pl	LC			
		Firm/Company			
	1111 Brickell Ave., 11th F	loor			
		Address	_		
	Miami, Florida 33131				
		City/State and Zip Code			
	service@pra-law.com E-mail address: (to be used for future annual report notifi	ication)		
For further information of	concerning this matter, please c	all:	·		
John Ainsworth Esq.		305 600-3816			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	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 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

FILED 2015 DEC -2 AM 10: 51

; 'R';

our so the s

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

THE BOX, LLC	17112-17
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L15000052775</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	ismer Fiorida street address
	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 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.

City

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>	Address	Type of Action
MGR	Ana RIOS	1930 N MIAMI AVENUE	
		Miami, FL 33136	_ ■ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
, ,		-
		-
		-
		-
		
		-
		_
	- 	-
		-
,		51.05 0 5182 1
		PILED
		LED -2 M D 51
	·	FLORING FLORIN
(If an e <u>Note</u>	ctive date, if other than the date of filing:	5.0207 (3)(b) ted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.	ier of:
Date	November 25, 2015 Signature of a member or authorized representative of a member	
	Claudia Estrada - Manager	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00