L15000155306

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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | <u> </u> |
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| TO: | | stration Sect sion of Corpo | | | |
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| esto ica | | MAILBOXES | SSWFL.COM, LLC | | |
| SUBJEC | υl: ₋ | | Name of Limit | ted Liability Company | |
| The encl | osed | Articles of Ar | mendment and fee(s) are subm | nitted for filing. | |
| Please re | eturn a | ill correspond | lence concerning this matter to | o the following: | |
| | | | Chanille L. Grigsby, Esq. | | |
| | | | Grigsby Law. P.A. | Name of Person | |
| | | | 9240 Bonita Beach Road, St | Firm/Company uite 1117 | |
| | | | Bonita Springs, FL 34135 | Address | |
| | | | clgrigsby@grigsbylawpa.con | City/State and Zip Code | |
| | | | E-mail address: (to | be used for future annual report r | otification) |
| For furth | er inf | ormation con | cerning this matter, please cal | 1: | |
| Chanille | L. Gi | | · · · · · · · · · · · · · · · · · · · | 239 948-9740 at () | |
| | | Name of P | erson | Area Code Day | time Telephone Number |
| Enclosed | lisac | heck for the t | following amount: | | |
| \$25.0 | 00 Fil | ing 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

MAILBOXESSWFL.COM, LLC

company has been notified in writing of this change.

FILED

| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | as it now appears on o bility Company) | ZUIS HAR 15 P 1: 10 |
|--|---|--|
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L15000155306</u> | vere filed on 9/11/201 | 5 De Live Till Your and assigned TALLANACOTE: Floodings, gened |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices 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 here: | ce address on our | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | 71 |
| | Enter Florida str | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Chy | г ір Со и е |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete page 1. | | |

If Changing Registered Agent, Signature of New Registered Agent

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

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 |
|--------------|--------------------|--|----------------|
| AMBR | Jonathon A. Morton | 5781 Lee Boulevard, Suite 208-226, Lehigh Acres, FL 33971 | ₽ Add |
| | | | ☐ Remove |
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| f an ef <u>Note:</u> | five date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed. |
| Dated | March 10 . 2019 |
| | Signature of a member or authorized representative of a member Chanille L. Grangoby Typus or printed name of signee |
| | Signature of a member or authorized representative of a member |
| | Charallet Grant |
| | (Mamire L. Grigory) |

Page 3 of 3

Filing Fee: \$25.00