## 46000009719

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| (- 3,                                   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

A. RIVERS

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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor                                 |   |
|--|---|
| BOXESHO  | OP LLC  |
| SUBJECT:   | Name of Limited Liability Company   |
|  |   |
| The enclosed Articles of   | Amendment and fee(s) are submitted for filing.  |
| Please return all correspo   | ondence concerning this matter to the following:  |
|  | Kevin Boxe  |
|  | Name of Person  |
|  | GEERBOX LLC   |
|  | Firm/Company  |
|  | 5380 NW LAMOORE LN  |
|  | Address   |
|  | PORT ST LUCIE, FL 34983-5334  |
|  | City/State and Zip Code KEVIN.BOXE@GMAIL.COM  |
|  | E-mail address: (to be used for future annual report notification)  |
| For further information c  | concerning this matter, please call:  |
| KEVIN BOXE   | 772 212-7419<br>at ( )  |
| Name o   | of Person Area Code Daytime Telephone Number  |
|  |   |
| Enclosed is a check for the  |   |
| □ \$25.00 Filing Fee   | S30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration : Division of C P.O. Box 632 Tallahassee, | Section Registration Section Corporations Division of Corporations The Centre of Tallahassee  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOXESHOP LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appears on our recon<br>liability Company)    | rds.)  |
|--|--|--|
| <b>,</b>   | ,                    |  |
| The Articles of Organization for this Limited Liability Company  | were filed on 01/14/2016                                   | and assigned   |
| Florida document number L16000009719   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |  |
| GEERBOX LLC  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LL                          | .C" or the abbreviation "L.L,C."   |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>   |  |
|  |  |  |
|  |  |  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | oddress on our records, <u>ente</u>                        | r the name of the new registered   |
| Name of New Registered Agent:  |  |  |
|  |  |  |
| New Registered Office Address:   | Enter Florida street addr                                  | ess  |
|  | _  |  |
|  | , F  | lorida Zin Code  |
| New Registered Agent's Signature, if changing Registered Agent:  | •  | Zip Opde   |
| I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, o<br>provided for in Chapter 605 | further agree to comply with the and I am familiar with and F.S. Or, if this Bocument is |

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> | Name        | Address     | Type of Action |
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| Fective date, if other than the neffective date is listed, the date mute: If the date inserted in this becument's effective date on the L | lock does not   | meet the applic | cable statutory f | or more than 90 da<br>Tling requiremen | (optional)<br>lys after filing.) Pents, this date wi | ursuant to 605.0207<br>Il not be listed as |
| ecord specifies a delayed effecti<br>is filed.  | ve date, but no | an effective t  | ime, at 12:01 a.  | m. on the earlie                       | r of: (b) The 9                                      | Oth day after the                          |
| Sept. 6   |                 | 2022            |                   |  |  |  |
|   | 1/1             | 2               | <del></del> ·     |  |  |  |
| -/-/  | Signature of a  | member or auth  | orized representa | tive of a member                       |  |  |
|   |                 |                 |                   |  |  |  |

Filing Fee: \$25.00