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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I		<u> </u>

Office Use Only



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AmendManch

JAN 28 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

MOX 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:

Michael Gleissner
Name of Person
MOX LLC
Firm/Company
246 West Broadway
Address
New York, NY 10013
City/State and Zip Code
filing-US-FL@moas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Leni Ambayan
 917
 341 1111

 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

ARTICLES OF C	NUANLA		2 1
0	F		July II
			The Contraction
MOX			<u></u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	and assigned
The Articles of Organization for this Limited Liability Company	were filed on	February 1, 2016	and assigned s
Florida document numberI_16000022236			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>ility company h</u>	e <u>re</u> :	
Homescreen Technologies LLC.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	246 West Broa	dway	
(Principal office address MUST BE A STREET ADDRESS)	New York, NY	10013	
	246 West Broa	- dwav	
Enter new mailing address, if applicable:	New York, NY		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	New TOLK, INT	10013	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office_Address:	3674 Beach Boulevard Suite 300		
		rida street address	
	Jacksonville	Florida _	32207
	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
		. <u> </u>	Change
			🗆 Add
		<u></u>	
			□Change
			🗆 Add
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Page	2	of	3
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 11 2019
	Signature of a member or authorized representative of a member MICHAEL GLEISSNER Typed or printed name of signee