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04/14/17--01018--008 **25.00

COVER LETTER

TO: Registration Se Division of Cor	ection Porations		
	DX USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filmg.	
Please return all correspo	ondence concerning this matter	to the following:	
	TIFFANY CAMEJO		
		Name of Person	
	TIFFANY CAMEJO CPA	PA	
		Firm/Company	
	2 S BISCAYNE BI VD, #.	3760	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	TIFFANY(a,TIFFANYCAN	AEJOCPA.COM to be used for future animal report notil	lication)
For further information c	concerning this matter, please or		
TIFFANY CAMEJO		305 503-2814	
Name (of Person	at () 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 tadditional copy is enclose

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

SALAD BOX USA LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lie	ompany as it now appears on our records. nited Liability Company))
ne Articles of Organization for this Limited Liability Com	pany were filed on 04/04/2016	and assigned
orida document number L16000065816		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	Hiability company here:	
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		· ·
		,
nter new mailing address, if applicable:		•••
Tailing address MAY BE A POST OFFICE BOX)		g th
. If amending the registered agent and/or registere		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sweet address	
	. Flor	rida
	Cur	Zin 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, it 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, 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>	<u>Address</u>	Type of Action
MGRM	CRISTIAN RADU	1410 BARCLAY BLVD	_ Add
		PRINCETON, NJ 08540	D D
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n effective date is fisted, the date mus	st be specific and cannot be prior to d ock does not meet the applicable	(optional ate of filing or more than 90 days after filing statutory filing requirements, this date	 Pursuant to 605.03
record specifies a delayed The 90th day after the rec	I effective date, but not a ord is filed.	n effective time, at 12:01 a.m.	on the earlier
APRIL 6	2017		
	<u></u> .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00