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COVER LETTER

TO: Registration Division of					
	ИBX, L	LC			
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed Article	es of An	nendment and fee(s) are subr	nitted for filing.		
Please return all con	respond	ence concerning this matter t	o the following:		
		DAVID PERNAS			
			Name of Person		
		ZOOM BX, LLC			
			Firm/Company	***	
		8228 NW 192ND TERRAG	CE		
			Address		
		MIAMI, FL 33015			
			City/State and Zip Code		
		DPERNASO@GMAIL.COM	o be used for future annual		
For further informat	ion con	cerning this matter, please ca		report normeation)	
	ion con	corning this matter, piease ca		0.0040	
DAVID PERNAS			at ()	0 8040	
Na	ame of P	erson	Area Code	Daytime Telephone	: Number
Enclosed is a check	for the	following amount:			
■ \$25.00 Filing Fe	ee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	:losed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
R D P.	egistrati ivision .O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	Registrat Division Clifton E	I/COURIER ADDItion Section of Corporations Building secutive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	M BX, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000153397	eany were filed on August 16, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	0
		<u> </u>
		NOV 18 PH 12: 10
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		= 5
		-27
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAVID PERNAS	8228 NW 192ND TERRACE	= Add
		HIALEAH, FL 33015	□ Removc
			Change
MGR	DYLAN MCCRACKEN	24 SLAUGHTERHOUSE ROAD	■ Add
		NEW PRESTON, CT 06777	Remove
			Change
			□ Add S -5
			01V1S10
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Effective	date, if other than the over date is listed, the date must	late of filing:	unnot be prior to	date of filing or	more than 90 days	optional)	rsuant to 605.0207
Note: If t	he date inserted in this blo	ck does not med	et the applicat	ole statutory fil	ing requirement	s, this date wil	l not be listed as
document	's effective date on the De	partment of Stat	te's records.				
					•		
he recor	d specifies a delayed	effective dat	te, but not	an effective	time, at 12:	01 a.m. on	the earlier of
The 90	Oth day after the reco	ird is filed.					
NC	NEMBER 11		2016				
Dated	OVEMBER 11	———·//	2016	_•			
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Typed or printed name of signee

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