## L16000 153430

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
L	<del></del>	

Office Use Only



500289542745

10/04/16--01018--004 \*\*60.00 \*

FILED

16 OCT -4 PM 2: 57

DIVISION OF CORFORATIONS

O SIMMONS OCT 0 6 2016

# ?

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The BUT BOX 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:
SHLOMO, I MAGORI Name of Person
THE BUTBOX LLC Firm/Company
20533 BISCOYNE Blud #233
AURATURA FL 33180  Eity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHLomo I MAGOR: at 305 290-2454 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \cent{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \{\text{certified Copy} \\ (additional copy is enclosed)} \end{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

THE BUT BO (Name of the Limited Liability Compar	any as it now appears on our records.)	
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000 153 430</u> .	were filed on $08/16/206$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	lity 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)	16 OC]	<b>-11</b>
Enter new mailing address, if applicable:	6 0CT -1, PH 2:57	FM
(Mailing address MAY BE A POST OFFICE BOX)	2	U
	7.10	_
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	<b></b>
	City Zip Code	. –
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with	h the

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Title** <u>Name</u> **Address Type of Action** JAJ APPAREL LL ☐ Add 189 Edison ct Monsey 14 De Remove ☐ Change Ido MAGORI \_□ Change MER Shlomo, I MASORI 20533 Biscayde Dud #233 KAdd Aventura, FL 33180 ☐ Remove ☐ Change □ Add ☐ Remove Change SIPAdd T-4 ve Amph 2ms 7 □ Add ☐ Remove Change

•	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	<del></del>
	16 OCT -4 PH 2: 57 DIVISION OF CONCOLATIONS
	POCT -4
	PH 2: 57
(If an e <b>Note</b>	etive date, if other than the date of filing: 929 6 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>9129</u> , 2016.
	Signature of a member or authorized representative of a member
	Ido MAGORI

Page 3 of 3

Filing Fee: \$25.00