

L16000 153430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

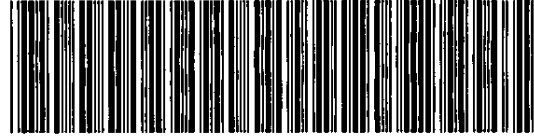
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

16 OCT -4 PM 2:57

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OCT 06 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The B U T 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 B U T BOX LLC  
Firm/Company

20533 BISCAYNE Blvd #233  
Address

AVENTURA, FL 33180  
City/State and Zip Code

NSH2IT@Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHLOMO, I, MAGORI at 305 290-2454  
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)

**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



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>	<u>Type of Action</u>
<u>P</u>	<u>J&amp;S APPAREL LLC</u>	_____	<input type="checkbox"/> Add
		<u>118P Edison Ct Monsey NY</u> <u>10952</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>P</u>	<u>Ido MAGORI</u>	<del>_____</del>	<input type="checkbox"/> Add
		<u>1274 49th St STE # 533</u> <u>Brooklyn, NY 11219</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Shlomo, I MAGORI</u>	<u>20533 Biscayne Blvd # 233</u> <u>Aventura, FL 33180</u>	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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E. Effective date, if other than the date of filing: 9/29/2016 (optional)  
(If an 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)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/29, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ido MACORI  
\_\_\_\_\_  
Typed or printed name of signee