

L16000184624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400298056094

05/03/17--01018--003 **25.00

FILED
17 MAY -3 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAY - 5 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FUNBOX, 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:

ISMAEL ABDELAZIZ

Name of Person

FUNBOX LLC

Firm/Company

100 KINGS POINT DR. APT 608

Address

SUNNY ISL BCH, FL 33160

City/State and Zip Code

ismaelabdelaziz@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISMAEL ABDELAZIZ

786 707 7103
at ()

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

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

FUNBOX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/4/2016 and assigned
Florida document number L16000184624.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

100 KINGS POINT DR. APT 608

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISL BCH, FL 33160

Enter new mailing address, if applicable:

100 KINGS POINT DR. APT 608

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISL BCH, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

100 KINGS POINT DR. APT 608

Enter Florida street address

SUNNY ISL BCH

City

, Florida 33160

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

FILED
MAY - 3
AM 9:55
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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>
AMBR	LUIS A. MAINGON SEVILLA	100 KINGS POINT DR. APT 608	<input checked="" type="checkbox"/> Add
		SUNNY ISL BCH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
17 MAY 3 AM 9:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

THE OWNERS AND THEIR PERCENTAGE INTEREST LIST:

ISMAEL ABDELAZIZ 50%

LUIS A. MAINGON SEVILLA 50%

E. Effective date, if other than the date of filing: APRIL 03, 2017 (optional)

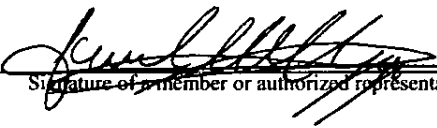
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 APRIL 03, 2017


Signature of a member or authorized representative of a member

ISMAEL ABDELAZIZ

Typed or printed name of signee

FILED
17 MAY 13 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA