116000187964

(Re	equestor's Name)	
- (Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE.

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: <u>Bo</u>		Parts LLC ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Dere	K Plaisted Name of Person	
, -		Firm/Company	
		Grinnell PL Address	
-		Address	
_	Celeb	nation FL 34	747
	PLA E-mail address: (to	city/State and Zip Code NFSTDPe gmail: be be used for future annual report not	COW
For further information conce	rning this matter, please cal	II:	
Derekt	_ `	at (937) 210	7083
Name of Per	son	Area Code Daytin	ne Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	330.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2017

DEREK PLAISTED 103 GRINNELL PL CELEBRATION, FL 34747

SUBJECT: BOX OFFICE SPORTS LLC

Ref. Number: L16000187964

We have received your document for BOX OFFICE SPORTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00012162

SILJUNZE THE ESCENTE CORETANTE OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Box of	G6 5	PORts LLC	•	
(Name of the Limited I	Liability Compa Florida Limited I	ny as it now appears on o liability Company)	our records.)	
The Articles of Organization for this Limited Liabi	ility Company 964	were filed on Ock	ober 11, 201	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the Wonderland Cookie. The new name must be distinguishable and contain the word			ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl		103 Grin	nell ph	3/17
(<u>Principal office address MUST BE A STREET A</u>	<u>4DDRESS)</u>	Celebratio	on PC 34	<u>/4 /</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or	registered of			
Name of New Registered Agent:		Derek Pl	aisted	
New Registered Office Address:	103	Grinnell P	<u>L</u>	
<u>-</u>	Cele	Enter Florida sti		34747 Zip Code
New Registered Agent's Signature, if changing Reg				•
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete red agent as p gistered office ange.	performance of my a provided for in Chap	luties, and I am j ter 605, F.S. Or, nfirm that the lin	familiar with and if this document is nited liability ASS

Page 1 of 3

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
00	Angela Plaisted	103 Grannell PL Celebration FL	34 74 7 X Add
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	E-747-77-11-12	<u></u>	S o d o o o o o o o o o o o o o o o o o

□ Change

D. Ifame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an efformation (If an efform	ve date, if other than the date of filing: ctive 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records. ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	as the
Dated_	June 12th 2017	
Dated_	Acc No.	
	Signature of Member or authorized representative of a member	1
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		(Jaq
		1 ()
	Page 3 of 3	الح المانية

Filing Fee: \$25.00