116000194459

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

Division of Co	rporations		
	e Shoebox Investments, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Dustin Bowersett		
		Name of Person	
	Outside the Shoebox Invest	ments, LLC	
		Fimt/Company	
	255 S Orange Ave, Suite 13	300	
		Address	
	Orlando, Florida, 32803		
		City/State and Zip Code	
	Dustin099@gmail.com		
		o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	II:	
Dustin Bowersett		407 967-3762 at ()	
Name (of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ S25.00 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:

TO:

Registration Section

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**

FILED	
2016 DEC	
2016 DEC -2 PM 5: 32	

Outside the Shoebox Investments, LLC

(<u>Name of the Limited Liz</u> (A Flo	inity Company as it now appears on our records or o	SEE, FLORIDA
The Articles of Organization for this Limited Liabilit Florida document number L16000194459	y Company were filed on October 21, 2016	and assigned
This amendment is submitted to amend the following	3 :	
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:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the nev
Name of New Registered Agent:	74.	
New Registered Office Address:	Enter Florida street address	
_		orida
N. D. J. J. J. S. J. J. S. J. J. S. J.	City	Zip Code
New Registered Agent's Signature, if changing Regist	ered 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, 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>	Type of Action
MGR	Juan A Mencia	774 A Walker Road	
		Great Falls, VA 22066	■ Remove
			Change
MGR	Famcor Investments, LLC	774A Walker Road	Add
		Great Falls, VA 22066	Remove
			Change
			Add
			Charge Charge
			Add S. S. Remove
			Change
			□ Add
			Remove
			☐ Change
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			☐ Change

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(If an effe	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	Vovember 8th 2016
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00