L16000196681

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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D. SCOTT NOV 1 6 2016

COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|--|---|--|------|
| The Boy E | Box LLC | | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Elizabeth Darlington | | | |
| | | Name of Person | | |
| | The Boy Box LLC | | | |
| | | Firm/Company | | |
| | 638 Ocean Street | | | |
| | | Address | | |
| | Satellite Beach, FL 32937 | | | |
| | | City/State and Zip Code | | |
| | elizabeth.darlington@yahoo | | , , , , | |
| For further information | concerning this matter, please c | to be used for future annual report notifiall: | SE SE | |
| Elizabeth Darlington | | 321 3134863 at () | CRETA | 1 |
| Name | of Person | Area Code Daytime | Telephone Number | コニドコ |
| Enclosed is a check for | the following amount: | | LOST N | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | |
| 36.1 0 | LING ARRESO | OTT FET COMPA | an Annua | |

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 Boy Box LLC | | |
|---|--|--|
| (<u>Name of the Limited Lial</u> (A Flor | bility Company as it now appears on o rida Limited Liability Company) | ır records.) |
| The Articles of Organization for this Limited Liability | y Company were filed on $\frac{10/2}{1}$ | 7/16 and assigned |
| Florida document number L 1 6 000 198 | <u> </u> | |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designa | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 室 留 ** |
| B. If amending the registered agent and/or re- registered agent and/or the new registered office a | | records, enter the Tame of the new |
| | | |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida str | eet address |
| | | , Florida |
| | City | 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

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> | Address | Type of Action |
|--------------|--|------------------|----------------|
| AMBR | Elizabeth Jean Darlington | 638 Ocean Street | |
| | Satellite Beach, FL 32937 | Remove | |
| | | | |
| | | Add | |
| | | | □ Remove |
| | | | ☐ Change |
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| is amending any other miorma | ation, enter change(s) here: (Attach additional she | |
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| Effective date, if other than the if an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | e date of filing: Inst be specific and cannot be prior to date of filing or more than so lock does not meet the applicable statutory filing require Department of State's records. | (optional) 90 days after filing.) Pursuant to 605.0207 (3 ements, this date will not be listed as the |
| ne record specifies a delaye The 90th day after the rec | d effective date, but not an effective time, at cord is filed. | t 12:01 a.m. on the earlier of: |
| November 10 | 2016 | SEC TALL |
| Dated | · · · · · · · · · · · · · · · · · · · | AHA NOV |
| aszalas | Signature of a member or authorized representative of a mem | ASSEE, FL |
| Elizabeth J Darlington | - v | |
| | | 第3 3 |

Page 3 of 3

Filing Fee: \$25.00