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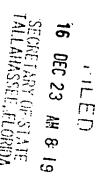
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D. SCOTT DEC 2 8 2016

COVER LETTER

Division of Corporations						
SUBJECT: Bloom 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:						
Name of Person Taylor Staggs Name of Person						
For further information concerning this matter, please call:						
Elisa Floramo at (561) 573 · 34.62 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

	Box, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>しりんのつみロコス</u> 。	ny were filed on 11 17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
nla.		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	nla	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	Na	10 23
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the r
Name of New Registered Agent:	-	
New Registered Office Address:		7-07-07-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
	Enter Florida street ad	ldress
		, Florida
Now Degistered Agent's Signature if shanging Degistered Agent	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

or removed	d from our records:	Contract to the second	
MGR = M $AMBR = A$	Manager Authorized Member	` , , , , , , , , , , , , , , , , , , ,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Santa L. Miller	36 Bass Street Wollaston, MA 02170	Add
		Wollaston, MA 02170	□ Remove
			Change
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(If an effective Note: If the	date, if other than the date of filing: 12 22 16 (optional) re 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 605.0 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	207 (3)(b as the
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed.	of:
Dated	Dec. 22 . 2016.	
	Signature of a member or authorized representative of a member	
	Elisa C. Filoramo Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00