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MAY 23 2017 S. YOUNG SECRETARY OF STATE FALLAHASSEE, FLORIDA

## **COVER LETTER**

	gistration Sec vision of Corp					
cup uccar.	Green Box S	hop, LLC				
SUBJECT		Name of Limited Liability Company				
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			•
		Matthew I. Botkin				
			Name of Person	··		
		Botkin Law Group, LLC				
			Firm/Company			
		2151 NE 51 CT, Suite Eas	1		17 1	FALL
			Address			ART .
		Fort Lauderdale, FL 33308	3		HAY 22	SSER YRY C
		matthewbotkin@gmail.com	City/State and Zip Code		A. ::	NAC PEST OF
		E-mail address: (	to be used for future annual report notif	ication)	ை	
For further i	information co	ncerning this matter, please ca	all:			
Matthew 1.			954 771-0100 at ()			
	Name of	Person	Area Code Daytimo	: Telephone Number		
Enclosed is	a check for the	following amount:				
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

Green Box Shop, 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  $\frac{04/12/2017}{1}$ \_ and assigned Florida document number \_L17000082183 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida

## 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>	<u>Address</u>	Type of Action
AMBR	ROBINSON, KAYLA A	7580 NW 5TH STREET	
		BOX 16238, FL 33317	Remove
MGR	RODRIGUEZ, JESUS, JR.	7580 NW 5TH STREET	
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fective date, if other than in effective date is listed, the date	must be specific and cannot	be prior to date of file	ing or more than 90 days	ptional) after filing.) Pursuant to	605.02
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	Signature of a member				

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Filing Fee: \$25.00