

L17 000 154 910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

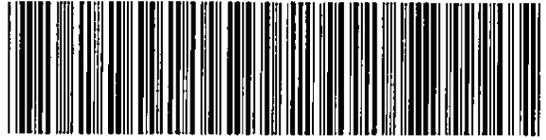
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOOLBOX GROUP 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 07/19/2017 and assigned Florida document number L17000154910.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mallecomm LLC

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:

13234 TELECOM DR, SU 119

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33637

Enter new mailing address, if applicable:

13234 TELECOM DR, SU 119

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33637

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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 _____

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Chris Blaxall	13234 TELECOM DR, SU 119	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michelle Buxton	VINE FARM UP STREET, BARDWELL	<input type="checkbox"/> Add
		BURY ST EDMONDS, SF IP311-AA UK	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Colin Buxton	VINE FARM UP STREET, BARDWELL	<input type="checkbox"/> Add
		BURY ST EDMONDS, SF IP311-AA UK	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David JFuller-Watts	THE MALTINGS, 35 PIRNHOW ST	<input type="checkbox"/> Add
		BUNGAY, SF NR352-SA UK	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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