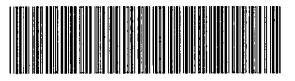
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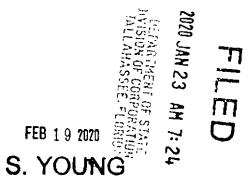
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(Business Entity Name)
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COVER LETTER

Division of Co	orporations		
Horsebox	xes USA LLC		
SOBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	pondence concerning this matter t	o the following:	
	Maiko Mottie		
		Name of Person	
	Horseboxes USA LLC		
		Firm Company	
	929 N Hyer Avenue		
	41-	Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	maikomottie@gmail.com E-mail address: (to	be used for future annual report notif	acetton)
For further information	concerning this matter, please ca.	·	(Canon)
Maiko Mottie	In Hatter	407 455-1187	
Name	of Person 08 - 01 - 25	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	ess:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 JAN 23 AM 7:

1: PARTHER OF STANDARD POR STAN

Horseboxes USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

				등록의 규	
The Articles of Organization for this Limited I	Liability Company we	re filed on 10/04/201	17	and assigne	:d
Florida document number L17000205321	,				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability (Company," the designat	ion "LLC" or the	abbreviation "L.L.C.	.,
Enter new principal offices address, if appli	cable:		-	·	<u></u>
(Principal office address MUST BE A STRE	ET ADDRESS) _		 -		
					
Enter new mailing address, if applicable:	_		···-		
(Mailing address MAY BE A POST OFFICE	EBOX)			<u>.</u>	
	_				
B. If amending the registered agent and/or agent and/or the new registered office addr		lress on our record	s, <u>enter the na</u>	me of the new re	<u>gistered</u>
Name of New Registered Agent:	Margarita Toro	··			
New Registered Office Address:	250 International P	kwy Ste 212			
		Enter Florida stre	ret address		
	Heathrow, FL		, Florida ³	2746	
		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>	Name	Address	Type of Action
MGRM	Annick Mottie	929 N Hyer Ave	□ Add
		Orlando, FL 32803	<u>-</u>
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			Change
			□Remove
			Change
			□Add
			Remove
			[] Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an c	tive date, if other than the date of filing: (optional) ffective 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 605.0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	8-1-2019 Attatio
	ignature of a member or authorized representative of a member
	BUNICK MOTTIE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00