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(Reque	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	runebox	LLC	11-10	
	Name of Limi	ted Liability Company		
The enclosed Articles of Art	endment and fee(s) are sub	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Michae	Lemm Name of Person	one	
				
	Prun	ebox LL Firm/Company	. C	
		Firm/Company		
	15816	Forsythia Address	Cr.	
		Address		
	Delray 1	Beach, FL City/State and Zip Cod	33 484	
	`	City/State and Zip Cod	ė	
-	Michael @	mangaple o be used for future annua	e, com	
For further information conc			ii report nourceation,	
Michael C	ennone	at (<u>561</u>)_ Area Code	843-6	1809
Name of Pe	rison	Area Code	Daytime Teleph	one Number
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is a		S60.00 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

FILED

Prunebox	LLC	2019 APR 18 PH 5:21
(Name of the Limited Liability (A Florida	ty Company as it now appears of a Limited Liability Company)	our records.) AL. MASSEL, FL
The Articles of Organization for this Limited Liability C	Company were filed on Oc	tober 16, 2017 and assigned
Florida document number <u>L 17000 2140 62</u>	 -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		
Japanese Ple The new name must be distinguishable and contain the words "Lim	ease LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis	tared office address on a	er records enter the name of the new
registered agent and/or the new registered office add		in records, enter the name or the nev
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>	Address	Type of Action
			Add
			☐ Remove
			Change
			D Add
			Remove
			□ Remove
			☐ Change
			Remove
			☐ Change
			
		R	Remove
			□ Change
			
		☐ Remove	
			Change

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(If an eff Note:	ive date, if other than the date of filing:
	ford 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	April 16 2019
	Signature of a member or authorized representative of a member
	Michael Lan 050
	Michael Lemmone, CEO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00