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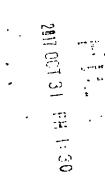
(Requ	uestor's Name)	
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## **COVER LETTER**

TO: Registration Sect Division of Corpo	rations		
SUBJECT:G	een Box Name of Limited	Gifts LL	
The enclosed Articles of A	mendment and fee(s) are submi	ned for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Tara	Robert	
		Name of Person	<del></del> -
	Green	Box Gifts	LLC
		Firm/Company	
	17129	WOODCREST	W A Y
	CLERMO.	NT, FL 3	4714
	TARAR E-mail address: (to	Robert  Name of Person  Box Gifts  Firm/Company  WOODCREST  Address  NT, FL 3  City/State and Zip Code  OBERT 67 @  Obe used for future annual report note	Yahoo, com
For further information C	oncerning this matter, please cal		
		at (757) 985 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 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 (Name of the Limited Liability Commendation) (A Florida Limited	Gifts LLC
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>10-18-3017</u> Cl	by were filed on $\frac{10-16-2017}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	17/29 WOODCREST WAY
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	17129 WOODCREST WAY  CLERMONT  FL 34714
registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>vent:</u>
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and 1 as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	f Changing Registered Agent, Signature of New Registered Agent
F	Page 1 of 3

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 17129 WOODCREST WAY	Type of Action
AMBR	Tara Robert	CLERMONT, FL 34714	W Add
			□ Remove
			Change
MGR	Deborah Kahl	2020 N. SHANNON AVE	Add
		Indialantic, fl 3290	3 PRemove
		2020 N, SHANNON AVE	Change
AMBR	Deborah Kahl	Indialantic, Fl 32903	
			Remove
			Change
			Add
		Remove	
			Change
			Add
		Remover:	
			□ Change
			□ Add
			Change

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	when	filing	for	thé	LLC	
			<u> </u>			
_				<u> </u>		
. Effective	e date, if other than	the date of filir	ng: nd cannot be prior to d	ate of filing or more	(optional) than 90 days after filing.) P equirements, this date wi	tursuant to 605.020
(II an effec	the date inserted in that's effective date on the	is block does not ie Department of	State's records.	, ,		
Note: 11 documer		aved effective	date, but not a	in effective tim	ne, at 12:01 a.m. o	n the earlier
Note: 11 documer	ord specifies a dela 90th day after the	record is filed	J.			
Note: 16 document  (f the reco	90th day after the	record is filed				N3 em
Note: 16 document  (f the reco	ord specifies a dela 90th day after the October	27			a member	2817 OCT (
Note: 16 document  (f the reco	October	7  Tana Signature of	2017 May	zed representative o	a member	2817 OCT 31 [H