## 417000217164

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



## **COVER LETTER**

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OUD ID CO		oox investments LLC	-	e
SUBJECT	ľ; <u></u>	Name of Lim	ited Liability Company	<del>.</del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		John Seckinger	. <u> </u>	
			Name of Person	·
		Out of the Box Investment	s llc	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2175 nw 30 st		
			Address	22
		miami fl 33142		22 SEP 12
			City/State and Zip Code	12
		oj.seckinger@gmail.com		P
			to be used for future annual report not	ification) $35$
For furthe	r information c	oncerning this matter, please c	all:	35
John Seck	tinger		954 798 6109 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	0 Filing Fee	☐ \$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)
_	Vailing Addres		Street Address:	ection
	Registration Solvision of C		Registration Se Division of Co	
I	P.O. Box 632	27	The Centre of	Tallahassee
-	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Out of the Box Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_ L17000217164 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

## 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.

City

. Florida

'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
ambr	John J Seckinger	2175 NW 30 st Miami Fl., 33142	□ ∧dd
			Remove
			Change
ambr Owen Jo	Owen John Seckinger	2175 NW 30 st Miami Fl. 33142	■Add
			Remove
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ffective date, if other that an effective date is listed, the da	te must be specific and ca	annot be prior to date o	f filing or more than 90 da	( <b>optional)</b> ys after filing.) Pursuant to	605.0207
<b>Yote:</b> If the date inserted in the ocument's effective date on the ocument's effective date on the ocument's effective date.	his block does not me	et the applicable sta	lutory filing requiremen	its, this date will not be	listed as t
	•				
record specifies a delayed of	fective date, but not ar	n effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th day	after the
d is filed.					
September 6		2022			
/					
//	/h /	//			

Typed or printed name of signee