

118000047198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

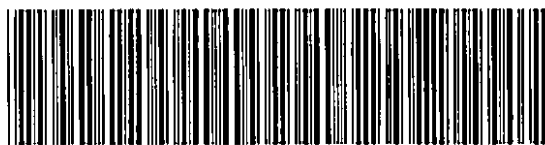
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG - 6 AM 10:00

N COOPER

AUG 10 2018

August, 2nd 2018

To: Florida Department of State

From: Boxville, LLC

Chuck Ardezzone,

Dear State of Florida,

Please file the attached addendum and remove and add the members we indicated. Also, please note we have submitted a check for \$60.00 for the Filing Fee, Certificate of Status and Certified Copy.

If you have any questions, please call me Chuck Ardezzone at (917) 375-6527 or my CFO David Tingley at (239) 216-1250.

Sincerely,

A handwritten signature in black ink, appearing to be 'Chuck Ardezzone', written over a horizontal line.

Chuck Ardezzone,

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boxville, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Ardezzone
Name of Person

Boxville, LLC
Firm/Company

453 Bayfront Place
Address

Naples, FL 34102
City/State and Zip Code

dave@boxvillebuilders.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chuck Ardezzone 917 375-6527
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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)

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**

Boxville, 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 02/21/2018 and assigned
Florida document number L18000047198.

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)

453 Bayfront Place
Naples, FL 34110

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

453 Bayfront Place
Naples, FL 34110

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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:

David Tingley

New Registered Office Address:

453 Bayfront Place

Enter Florida street address

Naples

City

Florida 34110

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	Robert Spitzer	1712 Commercial Drive,	<input type="checkbox"/> Add
		Naples, FL 34112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	First Financial Solutions, LLC	2039 Prince Drive	<input checked="" type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Christoff	4306 Arnold Ave	<input checked="" type="checkbox"/> Add
		.Naples, FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Denise Champagne Revocable <i>Trust</i>	7482 Florentina Way,	<input checked="" type="checkbox"/> Add
		Naples, Florida 34113	<input 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
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 2nd, 2018

X 
Signature of a member or authorized representative of a member

Charles Ardezzone

Typed or printed name of signee