

L18000113321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

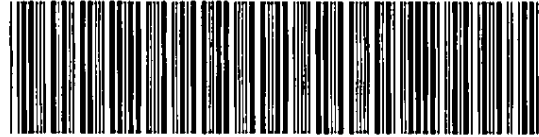
(Business Entity Name)

(Document Number)

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2019 MAR 18 P 12 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMMON

MAR 27 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WALNUT HILL VENTURES, 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:

JOHN PETERSEN

Name of Person

OUT OF THE BOX HOLDINGS, LLC

Firm/Company

4218 NE 2ND AVENUE, 2ND FLOOR

Address

MIAMI, FL 33137

City/State and Zip Code

JPETERSEN@LHEARTCAPITAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN PETERSEN

305 573-3900 X33

at (_____) _____

Name of Person

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

FILED

WALNUT HILL VENTURES, LLC

2019 MAR 18 P 3 00

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 4, 2018 and assigned
Florida document number L18000113321

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OUT OF THE BOX HOLDINGS, LLC

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:

N/A - SAME AS EXISTING

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - SAME AS EXISTING

(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:

JOHN PETERSEN

New Registered Office Address:

4218 NE 2ND AVENUE, 2ND FLOOR

Enter Florida street address

MIAMI


City

Florida 33137

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 | LIONHEART MANAGEMENT, LLC | 4218 NE 2ND AVENUE, 2ND FLOOR, MIAMI, FL 33137 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | OUT OF THE BOX VENTURES, LLC | 4218 NE 2ND AVENUE, 2ND FLOOR, MIAMI, FL 33137 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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 MARCH 14 2019

Signature of a member or authorized representative of a member

JOHN PETERSEN

Typed or printed name of signee