

L 8000144492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

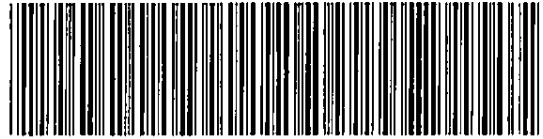
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

1/15/24
K F

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY STACK BOX STORAGE 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:

LORI DELIN

Name of Person

MY STACK BOX STORAGE LLC

Firm/Company

1759 N POWERLINE ROAD

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

lori@tru-colorscontracting.com

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

For further information concerning this matter, please call:

LORI DELIN

954 540-5674
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MY STACK BOX STORAGE 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 01/08/24 and assigned
Florida document number L18000144492.

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

City _____, **Florida** _____, *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	Lori Delin Living Trust dated 01/28	1759 N Powerline Road	<input type="checkbox"/> Add
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul Wilson Living Trust Dated 01/	1759 N Powerline Road	<input type="checkbox"/> Add
		Pompano Beach FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lori Delin	1759 N Powerline Road	<input checked="" type="checkbox"/> Add
		Pompano Beach FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul Wilson	1759 N Powerline Road	<input checked="" type="checkbox"/> Add
		Pompano Beach FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL
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2024 JAN 12 AM 11:21
STATE OF FLORIDA
STATE DEPT. OF CORRECTIONS

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2024 JUN 12 PM 2:56
CLERK OF DISTRICT COURT
STATE
TOLSON, FL

(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.

Dated 01/08/24

Lori Delin

Filing Fee: \$25.00