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## **COVER LETTER**

ТО:	Registration Se Division of Cor			
	Cartoon Sa	ndbox LLC		
SUB,II	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Leroy Charles-Pierre		
		Cartoon Sandbox LLC	Name of Person	<del></del>
		1025 Gateway Blvd., Suite	Firm/Company : 303-104	
		Boynton Beach / FL/ 3342	Address	
		Cartoonsandbox@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	nH;	
Leroy	Charles-Pierre		561 752-7715 at ()	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed`is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

Cartoon Sandbox LLC		
(Name of the Limited Liab A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on July 27, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	,
		=======================================
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ü
B. If amending the registered agent and/or reg		ter the name of the
registered agent and/or the new registered office ad	idress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	1
	City	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>	Type of Action
	Oscar Ellis	1025 Gateway Blvd	
AMBR			
	<del></del>	Suite 303-104	<b>=</b> Add
		Suite MD-IVA	
		<del></del>	□ Remove
		Boyton Beach , Fl 33426	
			Change
	Melissa Macrina	1025 Gateway Blvd	Crange
AMBR		1020 Sales and 150 Sales and 1	
			■ Add
		Suite 303-104	
			□ Remove
		Boynton Beach, FI 33426	
		•	
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Effective date, if other the fan effective date is listed, the Note: If the date inserted indocument's effective date of	date must be specific as this block does not	nd cannot be prior to d meet the applicable	ate of filing or more that e statutory filing requ	(optional) in 90 days after filing.) Purs irrements, this date will	mant to 605.0207 not be listed as
ne record specifies a d The 90th day after t			n effective time,	at 12:01 a.m. on t	he earlier o
August I		2019			
Dated					
	(h)	7 7	xl representative of a n		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00