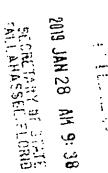
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FEBOO 2019 C. MCWAIR

## **COVER LETTER**

D: Registration Sec Division of Corp		•				
Prime Distr	ibutor LLC	ι,	Û.			
BJECT:	Name of Limit	ed Liability Company	- The same of the			
	Amendment and fee(s) are subn		- The state of the			
ase return all correspo	ndence concerning this matter t	o the following:	S.			
	Justin DiPerna					
		Name of Person				
	Prime Distributor LLC					
		Firm/Company				
	10828 Sea Cliff Circle					
		Address				
	Boca Raton Fl, 33498					
	justindiperna23@gmail.com					
	E-mail address: (t	o be used for future annual report notifi-	cation)			
r further information c	oncerning this matter, please ca	ll:				
istin DiPema		561 758-1447				
Name of Person		at ()	Telephone Number			
nclosed is a check for the	he 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)			
	ING A DOBLISS	CTD FET/COUDII	CD ADDRESS.			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Prime Distributor 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 \_\_\_\_\_\_ Florida document number 1.18000194768 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Boxile LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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 highlight company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

 $MGR = \cdot Manager$ 

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	1 ype of Action
MGR	Philip Barofsky	1903 Princeton Lakes Drive Apt. 2013 Brandon FL 33511	Add
			Remove
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Dec. 4° . Jan 16 alamata	41. J.A .P.C.	P			Z A ES	
Effective date, if other than tan effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does no	ot meet the appli	cable statutory fi	r more than 90 da ling requiremen	ys after filing.) Purs	uant to 605.0207 ( not be listed as t
ne record specifies a dela The 90th day after the			ot an effectiv	e time, at 12	2:01 a.m. on t	he earlier of:
January 22nd		2019	_			
Dated		-: n / s	7			
		MUSTIL	farmer 1			
		JOH THE	norized representat		· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Filing Fee: \$25.00