## 180002/4629

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## **COVER LETTER**

TO: Registration Section Division of Corporation (Corporation)			
SUBJECT: UNBO	KED MNOVATION	NS ed Liability Company	<del></del>
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Benjamin Va	nderploeg Name offerson	
	UNBOXED	INNOVATIONS LLC Firm/Company	
	18203 Jupit	er Landings Dr	
	Jupiter 1	FL 33458 City/State and Zip Code	<u></u>
	benjemin. Ven E-mail address: (10	derploeg @ amzil	(com
For further information con	cerning this matter, please ca	11:	
Benjamin Vand	eroloeg erson	at ( <u>56)</u> ) <u>531</u> Area Code Daytim	- 0854 ne Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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

UNBOXED INNO (Name of the Limited Liability (A Florida	VATIONS LLC v Company as it now appears on our records.) Limited Liability Company)	_
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000214629</u>	ompany were filed on 9 10 2018 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		<b>18</b>
(Principal office address MUST BE A STREET ADDR	PESS)	SE SIGN
		<del>-</del> 25-
Enter new mailing address, if applicable:		A CHARLES
(Mailing address MAY BE A POST OFFICE BOX)		7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		name of the no
Name of New Registered Agent:	<u> </u>	1880
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Code
	City Zip	c.oae

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Benjamin Vanderplocg	18203 Jupiter Landings Dr	to Add
		18203 Jupiter Landings Dr Jupiter FL 33458	Remove
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ffective	date, if other than the	date of filing:			_ (optional)		
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locument	's effective date on the De	partment of State's	records.	, 5 1			
e record	d specifies a delayed Oth day after the reco	effective date,	but not an effec	ctive time, at 1	2:01 a.m. on	the earlie	er c
THE 50	in day after the rece	na is mea.					
Dated	September 15		2018 /				
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Filing Fee: \$25.00