L19000039 859

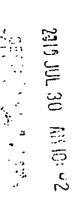
(Da	musetede Nema)	
(ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(50	omodo Emary I van	,
	access to the second	
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L		





200332487562

07/50/13--01030--004 ++25.00



Y SULKER AUG 0 5 2019

COVER LETTER

ision of Corp	porations			
Sped Box				
	Name of Lim	ited Liability Company		
Articles of A	Amendment and fee(s) are sub	mitted for filing.		
all correspoi	ndence concerning this matter	to the following:		
	Marc Volel			
		Name of Person		
	Sped Box			
	_	Firm/Company		
	· 16071 Ne 15 Ave			
		Address		
	N. Miami Beach			
	contactspedbox@gmail.com	City/State and Zip Code	_	·
	E-mail address: (to be used for future annual n	eport notification	
formation co	ncerning this matter, please ca	all:		
			6418	
Name of	Person	Area Code	Daytime Telep	hone Number
check for the	e following amount:			
iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Sped Box Articles of A all correspond formation converged by the specific points of the sp	Articles of Amendment and fee(s) are sub all correspondence concerning this matter Marc Volel Sped Box 16071 Ne 15 Ave N. Miami Beach contactspedbox@gmail.com E-mail address: (formation concerning this matter, please can be a sub a s	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Marc Volel Name of Person Sped Box Firm/Company 16071 Ne 15 Ave Address N. Miami Beach City/State and Zip Code contactspedbox@gmail.com E-mail address: (to be used for future annual r formation concerning this matter, please call: Name of Person Area Code check for the following amount: lling Fee \$30.00 Filing Fee & Certified Copy	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Marc Volel Name of Person Sped Box Firm/Company 16071 Ne 15 Ave Address N. Miami Beach City/State and Zip Code contactspedbox@gmail.com E-mail address: (to be used for future annual report notification formation concerning this matter, please call: Name of Person at (305 4016418 at (Area Code) Daytine Telep check for the following amount: lling Fee \$\Bigsim \$30.00 Filing Fee & \Bigsim \$\Bigsim \$\Bi

MAILING ADDRESS:

TO:

Registration Section

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

Sped Box		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on o	ur records.)
(A FIORES EMIL	co canonity company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{2/8/2019}{}$	and assigned
Florida document number L19000039859		
 		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •		د
(Principal office address MUST BE A STREET ADDRESS)		10 10 10 10 10 10 10 10 10 10 10 10 10 1

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our	records, enter the name of the n
registered agent and or the new registered office address in	 .	
Name of New Pavistored Avents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMDD	Marc Volei	16071 NE 15 Ave	
AMBR			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			■ Change
MGR	Carole Volel	16071 NE 15 Ave	≅ Add
			□ Remove
			Change
			Add
			Remove
		Change	
		Remove	
	· - 11 · ·	Change	
		Remove	
		Change	
		Add	
		Remove	
			Change

	· · · · · · · · · · · · · · · · · · ·
. Lector	7/25/19
(If an e <u>Note</u>	tive date, if other than the date of filing:
f the re b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 25 2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00