L19000122139

(F	Requestor's Name)	
(Ā	ddress)	
(A	Address)	······
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Oocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	OX CONSULTING, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	KARELYS VILLASMIL		
	INCOMEFIX GROUP LL	Name of Person .C	
		Firm/Company	
	15246 SW 111 ST	,,	
	MIAMI FL 33196	Address	
	info@income/g.com	City/State and Zip Code	
The Coath on in Commention		to be used for future annual repor	1 notification)
KARELYS VILLASM	concerning this matter, please c	an: 786 560-314	18
	of Person	at ()	aytime Telephone Number
Enclosed is a check for ■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
Regisi Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/CO Registration S Division of Co Clifton Buildi	orporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN BOX CONSULTING, 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 $\frac{05/06/2019}{1}$ _____ and assigned Florida document number $\frac{L19000122139}{}$ 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 "L.E.C." or the abbreviation "L.E.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

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.

Cirv

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>	<u>Address</u>	Type of Action
AMDD	ARMANDO MENDOZA	23 Eckington St	
AMBR			Add
		Springfield MA 01108	
			Remove
			Change
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			Remove
			☐ Change
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e: If the date inserted in this	ne date of filing: tust be specific and cannot be prior to data block does not meet the applicable so Department of State's records.	of filing or more than 90 days after	tional) er filing.) Pursuant to 605.020 iis date will not be listed t
record specifies a delay he 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01	a.m. on the earlier
MAY 28	2019		
	0 i 0		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00