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(Reque	stor's Name)	
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2019 DCT 28 AM ID: 46

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	OP:	EN BOX CONSULTING, LLC	3	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
			KARELYS VILLASMIL	
			Name of Person	
		I	bmitted for filing.  r to the following:  KARELYS VILLASMIL  Name of Person INCOMEFIX GROUP LLC  Firm/Company 15246 SW 111TH ST  Address MIAMI, FL 33196  City/State and Zip Code info@incomefg.com  (to be used for future annual report notification)  call:	
Firm/Company				
			15246 SW 111TH ST	
Address				
			MIAMI, FL 33196	
		E-mail address: (	to be used for future annual report not	ification)
For further infor	mation c	oncerning this matter, please c	all:	
KARELYS VIL	LASMII			
	Name o	f Person		ne Telephone Number
Enclosed is a che	eck for th	ne following amount:		
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	Registration Secti Division of Corpe	on orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN	BOX CONSULTING, LLC		
( <u>Name of the Limited Li</u> (A F	i <mark>ability Company as it now appear</mark> lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	05/06/2019	and assigned
This amendment is submitted to amend the followin	ıg:		
A. If amending name, enter the new name of the	limited liability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:		
(Principal office address MUST BE A STREET A	DDRESS)		_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, ente	ZUISORT 28 IN IDE OF TALLAHASSEE FLORIDA
Name of New Registered Agent:			
New Registered Office Address:		.,	
	Enter Flor	rida street address	
_	City	, Florida <sub>.</sub>	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
AMBR	ANDREINA ARRIA	15246 SW 111TH ST	
			□ Add
		MIAMI, FL 33196	
			■ Remove
			Add
			Remove
			Change
			DAdd
			□ Remove
			Change
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	I, the date must be specifical ted in this block does	ic and cannot be prior to not meet the applicab		( <b>optional</b> ) 90 days after filing.) Pursuant ements, this date will not b	
the record specifies ) The 90th day aft			an effective time, a	t 12:01 a.m. on the o	earlier of
DatedOCTOBER 23	3	2019			
	Carlos Do	<u></u> :	. ·		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee