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COVER LETTER

	istration Se ision of Cor			
SUBJECT:	The Bundle	· Box, LLC		
3000001.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jamala Patterson		
			Name of Person	
		The Bundle Box, LLC		
			Firm/Company	
		2606 NW 6th Ct		
			Address	
		Boynton Beach FL 33426		
			City/State and Zip Code	
		help.thebundlebox@gmail.o		
			to be used for future annual report noti-	heation)
For further ir	nformation co	oncerning this matter, please ca	all:	
Jamala Patte	rson		954 837-3300 at ()	
	Name of	Person	at ()	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

The Bundle Box, 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 $\frac{10/14/2019}{1}$ ____ and assigned 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 "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 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 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>	Address	Type of Action
MGR	Jamala Patterson	2606 NW 6TH Ct Boynton Beach FL 33426	■ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Adđ
			☐ Remove
			□ Change
			Remove
			Change
			□ Add
			□ Remove
		.	☐ Change
			□ Add
			Remove
			□ Change

	<u>. </u>
	
	
Note:	ive date, if other than the date of filing:
	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.
Datad	Nov 13th . 2019.
Dated	
Dated	1000

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00