

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000221799 3)))



H230002217993ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."*

FOE VED

JUN 21 PH 2: 25

REPARTMENT OF STATE
RISION OF CORPORATION
ALL ANASSEE. FLORIDA

mail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY BOX CARGO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUN 21 PH 2: 30

APPROVED AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 22 2023

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MY BOX CARGO	D.L.C			
(Name of the Limited	Liability Company as Florida Limited Liabil	it now appears on our records.)		_	
The Articles of Organization for this Limited Lia Florida document number L20000234730	bility Company wer	e filed on <u>08/12/2020</u>	ark	d assigr	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability C	Company," the designation "LLC" or	r the abbreviation	אלהל" חכ	C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
	-			, <u> </u>	
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE L	<u>BOX)</u> _				
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office add s here:	ress on our records, <u>enter th</u>	e name of th	e new	registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	<u>도</u> 중		
New Registered Office Address:	: ·	Enter Florida street address		<u> </u>	
		, Flori	ida <u>ingg</u>	-0	LEO VE
New Registered Agent's Signature, if changing F		City	Have adverse to	23 23 24 25	v with the
I hereby accept the appointment as registere provisions of all statutes relative to the propaction as registere accept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete pe stered agent as pro registered office ac	rformance of my duties, and wided for in Chapter 605, F.	S. Or, if this	ar wun s docun	nent is

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>	Name	Address	Type of Action
AMBR	CARLOS R. SPRINGMUHL	1470 NW 107TH AVENUE	
		STE E	□Remove
		MIAMI FLORIDA 33172	☐ Change
			DAdd
		;	□Remove
			Change
			□Add
			□Remove
		·	□ Change
			DAdd
		· · · · · · · · · · · · · · · · · · ·	
			☐ Change
			DAdd
			Remove
			Change
			□Add
			Remove
			_

D.

ii amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	·
Note: If the date	other than the date of filing:
e record specifies rd is filed.	a delayed effective date, but not an effective time, at 12:01 z.m. on the earlier of: (b) The 90th day after the
Dated	Tune 1, 2023.
1	Tunk 1, 2023. Cluadle Signature of a member or suthorized representative of a member
	Alina de Wit

Typed or printed name of signee