L20000353543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

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2021 APR -8 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR -8 PM 1:10

Y. SUCKER

APR 0 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/08/2021

*****WALK IN*****

ENTITY NAME HHOLISTIC LLC

DOCUMENT NUMBER

PLEASE FILE THE ATTACHED AND RETURN

XXXX	*Plain Copy*	*WALK IN*
	Certified Copy	
	Certificate of Status	

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

	Certified Copy of Arts & Amendments
	Certificate of Good Standing

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED $25.00 ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HHOLISTIC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giovanni Harris
Name of Person

Firm/Company

8500 N Sherman Circle
Address

Miramar, Florida, 33025
City/State and Zip Code

Giovannieric88@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giovanni Harris at (305) 318-2482
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $25.00 Filing 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HHOLISTIC 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 11/09/2020 and assigned Florida document number L20000353543.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ASSET BOX LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 8500 N Sherman Circle, APT 101, Miramar Fl, 33025

(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

_____, **Florida** _____.

City *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

FILED
AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title	Name	Address	Type of Action
MGR	Joan C Harris	8500 N Sherman Circle ,APT D101 MIRAMAR, FL 33	☒ Add
			☒ Remove
			☐ Change
MGR	Guy G. Julien	6720 NW 22nd court, Margate Florida 33063	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to rule 0200-[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

Giovanni E. Harris
_____
Typed or printed name of signee

Filing Fee: $25.00