

k21 000 117224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

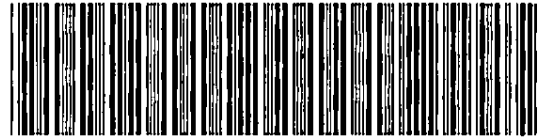
(Business Entity Name)

(Document Number)

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[Signature]

FILED  
JUN 24 2021  
MILWAUKEE  
WI

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OUT OF THE BOXX MODELING 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:

Tamara Marie Boxx

\_\_\_\_\_  
Name of Person

OUT OF THE BOXX MODELING LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 235

\_\_\_\_\_  
Address

Marco Island, FL 34145

\_\_\_\_\_  
City/State and Zip Code

outoftheboxmodeling@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Marie Boxx

407 970-1041  
at ( )

\_\_\_\_\_  
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

FILED  
2021 JUN 25 AM 11:56  
TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OUT OF THE BOXX MODELING 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 3/11/2021 and assigned  
Florida document number L21000117224.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

Tamara Marie Boxx

1824 HARBOR LANE

Naples, FL 34104

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O Box 235

Marco Island, FL 34145

**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:

Tamara Marie Boxx

New Registered Office Address:

1824 Harbor Lane

*Enter Florida street address*

Naples

*City*

Florida 34104

*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.*

Tamara Marie Boxx  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
MAR 11 2021  
11:56  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF S.W. FLORIDA

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>	<u>Type of Action</u>
MGR	Priscilla Morris	250 W. Flamingo Circle	<input type="checkbox"/> Add
		Marco Island, FL	<input checked="" type="checkbox"/> Remove
		34145	<input type="checkbox"/> Change
AMBR	Tim Gibbons	222 Burnt Pine Dr	<input checked="" type="checkbox"/> Add
		Naples, FL	<input type="checkbox"/> Remove
		34119	<input type="checkbox"/> Change
AMBR	Ursula Gibbons	222 Burnt Pine	<input checked="" type="checkbox"/> Add
		Naples, FL	<input type="checkbox"/> Remove
		34119	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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 605.0207 (3)(b)

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

Dated 5/21, 2021

X July 3rd Signature of a member

Signature of a member or authorized representative of a member

**Tamara Marie Boxx**

Typed or printed name of signee

FILED  
JUN 11 1964  
FBI - MEMPHIS