L21000178871

(Regi	uestor's Name)	
(, 104)		
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
	ness Entity Name	<u> </u>
(DUSI	ness Enuty Name	,
(Doct	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	
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Office Use Only

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COVER LETTER

	Registration Se Division of Cor			
emp ice	EXCSTAB	OX, LLC		,
SUBJEC	CT:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MERLIN ALONSO DUE	NAS	
		-	Name of Person	
			Firm/Company	
		9921 W OKEECHOBEE I	RD APT. 423D	
			Address	
		HIALEAH GARDENS, F	L 33016	
			City/State and Zip Code	
		MERLINALONSO04@GN		
			to be used for future annual report noti	fication)
For furth	ier information c	oncerning this matter, please c	all:	
MERLIN ALONSO DUENAS		305 563-1225		
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for the	he 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 Addres		Street Address:	ction
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
	P.O. Box 632	27	The Centre of T	allahassee
	Tallahassee	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCSTABOX, LLC				
(Name of the Lin	ited Liability Company (A Florida Limited Li	v as it now appears on outability Company)	r records.)	
ne Articles of Organization for this Limited orida document number L21000178871	Liability Company w	vere filed on 04/19/202	1	and assigned
is amendment is submitted to amend the fo	llowing:			
If amending name, enter the new name	of the limited liabil	ity company here:		
e new name must be distinguishable and contain the	words "Limited Liability	ty Company," the designation	on "LLC" or the abb	oreviation "L.L.C."
nter new principal offices address, if appl	icable:			
rincipal office address MUST BE A STRE	ET ADDRESS)			
ter new mailing address, if applicable:				
ailing address MAY BE A POST OFFICE	<u>E BOX)</u>			
If amending the registered agent and/or ent and/or the new registered office addr		ldress on our records	, enter the name	of the new regis
Name of New Registered Agent:	MERLIN ALON	ISO DUENAS		
	9921 W OKEEC!	HOBEE RD APT. 423D		202
New Registered Office Address:			rt address	- ;
New Registered Office Address:		Enter Florida stree		 ميد
New Registered Office Address:	HIALEAH GAR	DENS	, Florida ³³⁰	16.
New Registered Office Address: ew Registered Agent's Signature, if changing	HIALEAH GAR		, Florida 330	2022 JAN 18 PH

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALONSO, MERLIN	9921 W OKEECHOBEE RD APT, 423D	□Add
		HIALEAH GARDENS, FL 33016	ERemove
			□Change
AMBR	ALONSO DUENAS, MERLIN	9921 W OKEECHOBEE RD APT. 423D	[LAdd
		HALEAH GARDENS, FL 33016	□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove

If ame	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	e date, if other than the date of filing:	207 (as t
e reco rd is fi	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.	he
Dated	2022	
	Signature of a member of authorized representative of a member	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00