10/20/22, 2:08 PM

Division of Corporations



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.

(((H220003604053)))



H220003504053ABCW

001 = 0 5055			•
OCT 2 0 2022	Estimated Charge	\$25.00	
C. BRUMBLEY	Page Count	03	
	Certified Copy	0	
	Certificate of Status	0	Ţ
	C AMND/RESTATE/CORREC RITE PROMOTIONS AND E		
Email Control	- AMAIN/DDOTATE/CODDITION		
Email	Address:		
	e email address for this busines: al report mailings. Enter only on	s entity to be used e email address pl	i for future ease.**
2	Fax Number : (305)592-9591		
	Account Number : I201000000009 Phone : (305)599-0839		09 L
	Account Name : FASTKIT CORP		1 2: 09 STATE E. FL
	Fax Number : (850)617-6383		) PM Y OF SSEE
	Division of Corporations		OCT 20
			2

Corporate Filing Menu

Electronic Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOXRITE PROMOTIONS				
(Name of the Limit	ed Liability Co (A Florida Linii	mpany as it now appears on o ted Liability Company)	ur records.)	
The Articles of Organization for this Limited Li	iability Comp.	any were filed on 08/16/20.	21	_ and assigned
Fiorida document number L21009367622				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of BOXLITE PROMOTIONS AND ENTERTA				
The new name must be distinguishable and contain the w	ords "Limited L	iability Company," the designar	ion "LLC" or the abure	CILC."
Enter new principal offices address, if applica	able:	N/A	F7.	8 7
Principal office address MUST BE A STREE	T ADDRESS	<u> </u>	<u> </u>	20
			- <del> </del>	<u> </u>
Enter new mailing address, if applicable:		N/A	E.F.	1 2 D
Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
		,		
3. If amending the registered agent and/or registered office addres		ce address on our records	s, enter the name o	f the new regis
Name of New Registered Agent:	N/A			
New Registered Office Address:				· · · · · · · · · · · · · · · · · · ·
·		Enter Florida sure	el addie, s	
			Florida	•

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□∧dd
			ПРешкуе
		***************************************	Change
			□Add
			🗆 Remove
			Change
			GAdd
			□Remove
			☐ Change
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change
<del></del>			☐Add
			□Remove
			Change

					<del> </del>
		<del></del>			
	<del></del>				<del> </del>
_					
<del></del> .					<del></del> -
			-		
		<del>_</del>	· · · · · · · · · · · · · · · · · · ·		
_		· · · · · · · · · · · · · · · · · · ·			
	<u> </u>				
_					<del></del>
•					<u> </u>
				· · · · · · · · · · · · · · · · · · ·	
Effective	date, if other than the dates to the date of the date	e of filing:	aniow to date of filin	(opti	ORB)
Nete: If U	he date inserted in this block 's effective date on the Depar	does not meet the ap	plicable summor	y filing requirements, thi	s date will not be listed as th
ne record sp and is filed.	pecifics a delayed effective da	e, but not an effecti	ve time, at 12:01	a.m. on the earlier of, (b	) The 90th cay after the
Dared	October 20	2022	·		
	7			>	
	Sign	store of a memoer or a	uthorized represen	sanve of a member	
	SAPIA, GONZALO				

Filing Fee: \$25.00