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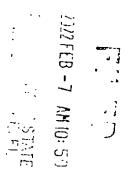
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COVER LETTER

SUBJECT: MO(dexmome	intum LUC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	a)		
	Aviant	re Joseph	
		Name of Person	
		Firm/Company	
	880 NW	86th Ave Ap	t 823,
		Address	<u> </u>
	Plai	ntation, FL 3 City/State and Zip Code Ph727@9ma	33324
	AVILLACE	City/State and Zip Code	ail.com
	E-mail address: (t	to be used for future annual report notific	cation)
For further information con-	cerning this matter, please ca	all:	
	_		•
manne		at (<u>786)</u> <u>477</u> Area Code Daytime	1038
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the i	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)

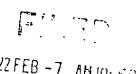
Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section
Division of Corporations

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO



ARTICLES OF O	
0	- AN 10: 50
madexmon	nentum ELC I STATE
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records:) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100985857</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile COCC box LLC The new name must be distinguishable and contain the words "Limited Liabile Coccasion of the limited Liabile COCC box LLC	
Enter new principal offices address, if applicable:	
(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 a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	imer rioriaa sireei aaaress

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> or removed from our records:

or remo	vea from our records.		
MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Adđ
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

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If an effective Note: If the	date, if other than the date of filing:
e record sp rd is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Signature of a member or authorized representative of a member
Dated	1822 2022
	Canfor
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00