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11/01/24--01015--002 **25.00



COVER LETTER

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	gistration Serision of Co			
CHD IFCT.		BOXES LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		SHADIA LUTFI		
			Name of Person	
		DA VINCI BOXES LLC		
			Firm/Company .	
		2605 CURRY FORD RD		
		-	Address	
		ORLANDO FL 32806		
		-	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further in	iformation c	oncerning this matter, please ca	all:	Person The property of the pr
SHADIA LU	ITFI			
	Name o	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ling Address			ction
Div	ision of C	orporations	Division of Cor	porations
	Box 632			
rat	lahassee. F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV - 1 PM 12: 55

DA VINCEBOXES LLC

company has been notified in writing of this change.

(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 02/01/2022 and assigned Florida document number L22000054309
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
DA VINCI GIFT BOXES 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:
(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 register
agent and/or the new registered office address here:
Name of New Registered Agent:
Now Projectional Office Address.
New Registered Office Address: Enter Florida street address
, 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

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
			🗀 Add
			Remove
			□Change
			DAdd
		- <u> </u>	□Remove
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Signature of a member of authorized expresentative of a member	Dated OCTOBER 28th	2024			
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			,		

Filing Fee: \$25.00