

L22000081869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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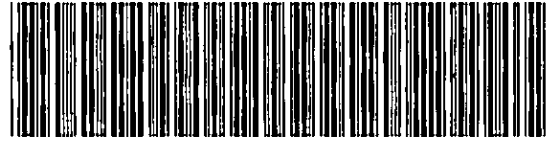
(Business Entity Name)

(Document Number)

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2022 MAR -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 21 2022

COVER LETTER

THE
Division of Corporations

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:

Evelyn Candela
Name of Person
BOX'N LLC
Firm/Company
687 ARROW LANE
Address
KISSIMEE FL 34746
City/State and Zip Code
SABTAMUN35@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabdiel Hurtado
Name of Person

at 321; 437-6811
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 - filing fee

☐ \$25.00 - filing fee &
Certificate of Status

☐ \$50.00 - filing fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 - filing fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAIL ADDRESS
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32303

DELIVERY ADDRESS
Registration Section
Division of Corporations
The Centre of Tallahassee
1401 Taylor Street, Suite 200
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR -8 PM 1:36

(Please print the name of the limited liability company being amended.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/21/22 and assigned
Florida document number ~~900302141057~~ L220000081869

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address

Enter Florida street address

City

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 understand the nature of my position as registered agent as provided for in Chapter 570, F.S. If the amendment 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

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

[illegible]

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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/4/22

Evelyn Candela
typed or printed name of signer

Filing Fee: \$25.00