L22000081869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500382727745

03/08/22--01035--001 **25.00

FILED
2022 MAR -8 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 21 2022

COVER LETTER

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

6887 ARROW lane
Address

Kissimmee FL. 34746
City/State and Zip Code

SABDIAMIN35@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:

$35.00 Filing Fee

$52.50 Filing Fee & Certificate of Status

$43.75 Filing Fee & Certified Copy (additional copy is enclosed)

$61.25 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mail to: Amendment Section
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO

OF

FILED

2022 MAR -8 PM 1:36

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/2/22 and assigned Florida document number ~~[illegible]~~ L22000081869

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)

B. If changing 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 accept the duties of my position as registered agent as provided for in Chapter 605 of the Florida Statutes. I am 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

[illegible] or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Hurtado, Sabdiel J, SR.	687 Arrow Lane	☐Add
		Kissimmee, FL 34746	☑Remove
			☐Change
MGR	Hurtado, Sabdiel J	687 Arrow Lane	☑Add
		Kissimmee, FL 34746	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if later than the date of filing: _____ (optional)

(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) [illegible] 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after the record is filed

Dated 3/4/22

Signature of a member or authorized representative of a member

Evelyn Candela

Typed or printed name of signee

Filing Fee: $25.00