# h22000160230

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A. BUTLER NOV 1 4 2022

### **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Chresure Dox LLC, 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:
Claudia Rox Name of Person
Chresure Box LLC.
921 Honeytree L. A
City/State and Zip Code  Chyesove Dox Q opposit Com  F-mail address: (to be used for future annual report herification)
For further information concerning this matter, please call:
Claudia Box Name of Person
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$  \$555.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}}  \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

#### ARTICLES OF AMENDMENT

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	2022 NOV -8 AH 7:46
Chresine Bo	X LLG WOE STATE
Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.)
(A Fiorida Limited L	nability Company)
The Articles of Organization for this Limited Liability Company	were then on 4/4/2022 and assigned
Florida document number <u>LQQUO(UU</u> 3O)	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Already updated
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Already parhted
(Mailing address MAY BE A POST OFFICE BOX)	- And Andrews
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
$\alpha$	$\Delta = \Delta = \Delta$
Name of New Registered Agent:	2010 H $120$ X

N -

New Registered Office Address:

Florida

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 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MER	Claudia A Box	13800 Wellington Trac	<u>e</u> □Add		
		#38-174	Remove		
		wellington, FL 33414	lXChange		
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October 19, 2022

CLAUDIA BOX 921 HONEYTREE LN. A WELLINGTON, FL 33414

SUBJECT: CHRESURE BOX LLC Ref. Number: L22000160230

We have received your document for CHRESURE BOX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00023451

Anissa Butler Regulatory Specialist II

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