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COVER LETTER

10:	Division of Corp			· · · · · · · · · · · · · · · · · · ·
		ACTIC BOX LLC		•
SUBJEC	CT:	Name of Limi	ted Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JAIME A CADENA RIOS		
			Name of Person	
		MOVIL PLACTIC BOX L	LC	
			Firm/Company	
		10191 W SAMPLE ROAD	SUITE 218	
			Address	
		CORAL SPRINGS, FL 33	065	
			City/State and Zip Code	
		JAIMECADENA1957@GN		
			to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please of	all:	
JAIME	CADENA		954 2748104 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	5.00 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN 17 PM 1. 10

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MOVIL PLASTIC BOX LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevious 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	and assigned
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(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 agent and/or the new registered office address here:	
(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 regist
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	lip Code
City	ip 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2027
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(If an effecti Note: If t	date, if other than the date of filing:
he record s ord is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JUVO 12 . 2022. Juvo 12 . 2022. Signature of a member or authorized representative of a member
	JAIME A CADENA RIOS
	Typed or printed name of signce

Filing Fee: \$25.00