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(((H220002690123)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

EFILE1234@INCFILE.COM Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BOXX IT LLC**

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Help

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COVER LETTER

Division of Cor		٠. ه	•, "	,
SUBJECT.	. . BOX	XX IT LLC	:	
UBJECT:	Name of Lim	ited Liability Company		
ha analogad Articles of	Amendment and fee(s) are sub	mitted for filing		
	endence concerning this matter			
rease return an correspo	indence concerning and maner	to the following.		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company	· - ···	
	17350 STATE HWY 249 S	STE 220		
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO	M to be used for future annual re	mort notification)	
For further information c	oncerning this matter, please of		S 11.01.	
LOVETTE DOBSON	- ,	ı	888-462-3453	
Name o	t Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a check for t	he following amount:			
■ \$25.00 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:		Street Ad- Registra	dress: tion Section	
Registration Section Division of Corporations		-	of Corporation	ons
P.O. Box 632	27		tre of Tallahas	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOXX IT	LC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on oublity Company)	ur records.)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on	07/12/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designat	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		<u>.</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our record	s, enter the name	of the new registered
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida str		APPR AUG 10
	City	, Florida <u>===</u> ;	17 Zip Ble Book
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my d ovided for in Chapt	luties, and Lam fo er 605, F.S. Or. (uniliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Regina Price	2321 Tom Jones Street	= Add
		Orlando, FL 32839	□Remove
			☐ Change
			DAdd
			Change
			□Add
			□Remove
			☐ Change
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Note: 11	re date, if other than the detire date is listed, the date must be if the date inserted in this bloc nt's effective date on the Dep.	k does not meet the applic	able statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be liste	0207 (3)(b) d as the
If the record record is filed		date, but not an effective ti	me, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after	the
Dated _	AUGUST 9TH	. 2022			
	Kent Hodge si		orized representative of a mon	aber	
	Kent Hodge	gradure of a method to dutie	in a sure representative (a a the)		

Filing Fee: \$25.00

Typed or printed name of signee