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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Bra</u>		irect LLC ited Liability Company	
	Amendment and fee(s) are sub	_	
	Joseph	Weston III Name of Person	
	Brown 1	Box Direct LL Firm/Company	- <i>C</i>
	19501 A	utumn Oak Ln Address	·
		16 FLorida 3 City/State and Zip Code	
	E-mail address: ((ification)
For further information co	oncerning this matter, please ca	ıll:	
JOSCOM Name of	Weston III Person	at (<u>352</u>) <u>332</u> Area Code Daytin	7365 ne Telephone Number
Enclosed is a check for th	e 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:
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 TO ARTICLES OF ORGANIZATION OF

Brown Box Direct LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) inted Liability Company) (1.0/24)
	gru /
The Articles of Organization for this Limited Liability Comp	pany were filed on 0 2001 08/01/2002 and assigned
Florida document number <u>L 22 000 3505 9 4</u> .	
<u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
and the name of the mante	manny company nerg.
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
the new name must be distinguishable and contain the words. Emitted	Elability Company, the designation Elect of the appreviation Elect.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	24 x
• • •	- VQ
(Mailing address MAY BE A POST OFFICE BOX)	7 7 7
D. 16	fice address on our records, enter the name of the new registe
b. It amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our records, enter the name of the new registe
	3.5
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	Address	Type of Action
AMBR	Makar Trofimov	9343 Tooke Shore Drive, Brooksville, Florida, 3461	3 ■Add
			□Remove
			□Change
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E ffec t If an ei	tive date, if other than the date of filing: (optional) fective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
aocun	nent's effective date on the Department of State's records.
roca	rd 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
rd is t	
Dated	November 10, 2024. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	organical of a monthly of a monthly of a monthly