## L22000 531341

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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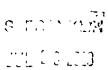
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## **COVER LETTER**

Boxes Froi	n Amazon, LLC		
bjeci:	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Scott DiSalvo		
		Name of Person	<del></del>
	DFS Agent LLC		
	<del></del>	Firm/Company	- <del></del>
	1760 N Jog Road Ste 150		
		Address	
	West Palm Beach, FL 334	11	
	sdisalvo@d-acpa.com	City/State and Zip Code	
		to be used for future annual report notif	lication)
or further information c	concerning this matter, please ca	all:	
cott DiSalvo		561 659-1177	
Name o	f Person	at () Area Code Daytime	e Telephone Number
nclosed 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

Registration Section

TO:

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

Boxes From Amazon, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on December 20, 2022	and assigned
Florida document number L22000531341		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicable:		در) 
(Principal office address MUST BE A STREET ADDR	RESS)	
		2
Enter new mailing address, if applicable:		ف
(Mailing address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the na</u>	me of the new register
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 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>	Address	Type of Action
AMBR	Leslie Bogani	13860 Wellington Trace, #38-128	
		Wellington, FL 33414	
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			Remove
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fective date, if other than	the date of fil	ing:			(option:	al)	
n effective date is listed, the date ote: If the date inserted in thi	must be specific a s block does no	and cannot be pri of meet the appl	or to date of filir icable statutor	ig or more than 90 y filing requires	) days after fili	ng.) Pursuan	t to 605.020 be listed a
cument's effective date on th				, , ,			
ecord specifies a delayed effe is filed.	ctive date, but r	ot an effective	time, at 12:01	a.m. on the ear	lier of: (b)	The 90th d	ay after the
May 17 ted		2023	·				
(-	1/00						

Filing Fee: \$25.00