

L23000014856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

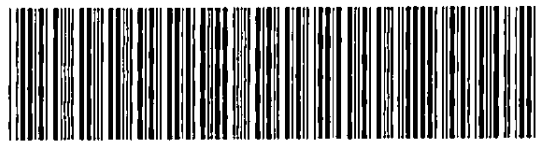
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/04/2011 11:01:11 AM

FILED

2023 APR -4 PM 2:47

STATE  
E, FL

# Law Office of Michael E. Zaidel, PL

433 Plaza Real, Suite 275  
Boca Raton, FL 33432  
Tel: 954-665-3140  
Fax: 561-935-5802  
Email: mzaidel@zaidellaw.com

*Sent Via USPS Certified Mail*

March 23<sup>rd</sup>, 2023

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

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2023 APR -4 PM 2:47  
TALLAHASSEE, FL  
DIVISION OF STATE

## **Request To Amend Articles of Organization for STRATYBOX, LLC**

**RE: Florida document number: L23000014856**

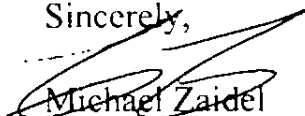
Dear Respected Officer,

As an authorized representative of Managing Member (Shai Knopfer) for the above named, Limited Liability Company, Stratybox, LLC, I am filing this request to amend the Articles of Organization to add Hanna Eve Reboh as a Manager.

Enclosed, please find the required form and check made payable to Florida Department of State in the amount of twenty-five dollars (\$25.00).

Thank you for your time and important work. Do not hesitate to contact me with any questions regarding this matter.

Sincerely,

  
Michael Zaidel

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRATYBOX, 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:

Michael Elon Zaidel

\_\_\_\_\_  
Name of Person

Law Office of Michael E. Zaidel

\_\_\_\_\_  
Firm/Company

433 Plaza Real, Suite 275

\_\_\_\_\_  
Address

Boca Raton, FL 33432

\_\_\_\_\_  
City/State and Zip Code

mzaidel@zaidellaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2021 APR -4 PM 2:47  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

For further information concerning this matter, please call:

Michael Zaidel

954

665-3140

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

STRATYBOX, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/06/2023 and assigned  
Florida document number L23000014856.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hanna Eve Reboh	9499 Collins Avenue, #PH4, Surfside, FL 33154	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2023  
SR-1  
PH 247  
STATE  
FL

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2023 APR -4 PM 2:47  
TALLAHASSEE  
OFF STATE  
STEF

**Filing Fee: \$25.00**