L23000111404

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ie Box Kiin	95 LLC		
3003001.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JUlian	Name of Person		
	The Box	Kings LLC Firm/Company		
	6000 metro	west blud Sulland	te 200	2023
	onando, Fa	City/State and Zip Code		2023 OCT 17
	Support Db	City/State and Zip Code	ication)	7 PM12:40
For further information c	oncerning this matter, please c			Fo ?
Julian r	louse	at (407) 492	-2410	_
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for ti	ne 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 Fe Certificate of St Certified Copy (additional copy is a	atus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Torporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations	
		Tallahassee, FL	32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Box Kiings U	LC	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 [11404</u>].	were filed on $3 2 23$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab BOX Kiings LLC The new name must be distinguishable and contain the words "Limited Liabi		reviation "L L C "
Enter new principal offices address, if applicable:	my company. and designation 1976 of the des	-
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		0 VISION 2023 OC
(Mailing address MAY BE A POST OFFICE BOX)		
		PH 12: U
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Viner Florida street address	
	. Florida	
	City	Zıp 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
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			□Remove
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Tective date, if other in effective date is listed, to ote: If the date inserted becoment's effective date	he date must be specif I in this block does	ic and cannot be prion not meet the appl	cable statutory fili	(optiomore than 90 days after ing requirements, this	filing.) Pursuant to 60:	5.02(ted a
ecord specifies a delayous is filed.	ed effective date, bu	it not an effective	time, at 12:01 a.m	. on the earlier of: (b)	The 90th day afte	er the
ned October	. Ith	202	3.			
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