123000199433

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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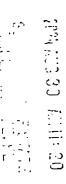
Office Use Only



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08/30/24--01013--013 **25.00

9/4/24 K4



COVER LETTER

| FO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| BOXPAC | K LOGISTICS LLC | | |
| 50BJEC1: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | JAIME PARLADE | | |
| | | Name of Person | |
| | PARLADE SCHAEFER S | SCHORTZ | |
| | | Firm/Company | |
| | 5975 SUNSET DRIVE SU | JITE 802 | |
| | | Address | |
| | MfAMI, FL 33143 | | |
| | | City/State and Zip Code | |
| | ACCOUNTING@PSSCPA | | |
| | h-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please c | att: | |
| JAIME PARLADE | | 305 670-0400 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr | nec. | Street Address: | |

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

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

| Liability Company as it now appears on ou Florida Limited Liability Company) | r records.) |
|---|--|
| oility Company were filed on <u>04/24/201</u> | and assigned |
| ring: | |
| he limited liability company here: | |
| ds "Limited Liability Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| ole: | , <u> </u> |
| ADDRESS) | |
| | |
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| <u> </u> | |
| <u></u> | |
| gistered office address on our records here: | s, enter the name of the new register |
| | |
| Enter Florida stre | et address |
| | |
| City | , Florida Zip Code |
| | ility Company were filed on 04/24/203 ing: he limited liability company here: ds "Limited Liability Company." the designation ole: ADDRESS) istered office address on our records here: Enter Florida stre |

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 83

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 |
|--------------|------------------|---------------------------------|-----------------|
| MGR | AGUDELO, MELISSA | | ∐Add |
| | | | □Remove |
| | | 7750 NW 46TH ST DORAL, FL 33166 | ≘ Change |
| MGR | MYBOX USA LEC | | ÜAdd |
| | | | 🗀 Remove |
| | | 7750 NW 46TH ST DORAL, FL 33166 | Change |
| | | | □Add |
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Page 2 of 3

| Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [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 in 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 document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. AUGUST 26 AUGUST 26 | | | ~ | ,-(, | and the same | ts, if necessary.) | | | |
|--|-------------------------------------|--|---|---|---------------------------------------|------------------------|---------------|----------------------|----|
| Iffective date, if other than the date of filing: (optional) | - | | | | | | | | |
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| frective date, if other than the date of filing: | | | | | | | | | |
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| JAIME PARLADE Signature of a member or authorized representative of a member JAIME PARLADE | | | | , but not an ef | fective time, at | 12:01 a.m. o | n the ea | rlier of | : |
| JAIME PARLADE | | ST 26 | 20 | 1240 | | | 7 m | 757 | |
| Signature of a member or authorized representative of a member JAIME PARLADE | AUGUS | -//- | 1/1/ | · | | | | نتر مترو | |
| JAIME PARLADE | ated AUGUS | / / / | | _ | | | : | | |
| | ated AUGUS | /w | 7000 | Transfer foliable states of | en agregion of a second | | - | (**) | |
| Typed or printed name of signee | ated AUGUS | - frit | Signature of a memb | per or authorized rep | resentative of a mem | per | : | | |

Page 3 of 3

Filing Fee: \$25.00