

L 23000407956

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383 -

From: Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305)640-0281
Fax Number : (305)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LAXMYSCARRIER@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMILY BOXTRUCK LLC

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S. ROBERTS

OCT 30 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAMILY BOXTRUCK 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:

RANDOLPH R CASTELLON

Name of Person

FAMILY BOXTRUCK LLC

Firm/Company

1135 NW 4TH ST APT 5

Address

MIAMI, FL, 33128

City/State and Zip Code

rrcastellon9705@gmail.com

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

For further information concerning this matter, please call:

RANDOLPH R CASTELLON

786 836-7441

Name of Person at () 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

FAMILY BOXTRUCK 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 08/30/2023 and assigned
Florida document number L23000407956.

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 "L.L.C."

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

Title	Name	Address	Type of Action
AMBR	MENOCAL, OSCAR A	6001 NW 201 ST LN	<input type="checkbox"/> Add
		HALEAH, FL, 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCELO-COSTA, ANDREA	1135 NW 4TH ST APT#5	<input type="checkbox"/> Add
		MIAMI, FL, 33128	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CASTELLON, RANDOLPH R	1135 NW 4TH ST APT#5	<input type="checkbox"/> Add
		MIAMI, FL, 33128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/27/2023 (optional)

Effective date, if other than the date of filing: _____ (Specify)
(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 27 2023

Signature of a member

Signature of a member or authorized representative of a member

CASTELLON, RANDOLPH R

Typed or printed name of signee

Filing Fee: \$25.00