



# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE BOX ACTOR COALITION, 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:

ROSANA A. EUSTACHE RIVERA

Name of Person

THE BOX ACTOR COALITION

Firm/Company

4400 W. RIVERSIDE DR. STE 110-2230

Address

BURBANK, CA 91505

City/State and Zip Code

ADMIN@THEBOXACTORCOALITION.COM

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

For further information concerning this matter, please call:

ROSANA A. EUSTACHE RIVERA

at ( 321 ) 280-0942

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**

THE BOX ACTOR COALITION, 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 01/06/2025 and assigned  
Florida document number L25000010067.

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)**

4400 W. RIVERSIDE DR.

STE 110-2230

BURBANK, CA 91505

**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:

Landers & Sternberg, PLLC

New Registered Office Address:

100 E Pine Street, Suite 110

*Enter Florida street address*

ORLANDO

*City*

, Florida 32801

*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>
AMBR	Rosana A. Eustache Rivera	4400 W. RIVERSIDE DR.	<input type="checkbox"/> Add
		110-2230	<input type="checkbox"/> Remove
		BURBANK, CA 91505	<input checked="" type="checkbox"/> Change
AMBR	Roberto A. Lara Beaufrand	4400 W. RIVERSIDE DR.	<input checked="" type="checkbox"/> Add
		110-2230	<input type="checkbox"/> Remove
		BURBANK, CA 91505	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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