M18 00000 5749

(Re	questor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	y/State/Zip/Phone	e #)	
		MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only			



02/21/20--01023--020 **25.00



O SIMMONS APR 2.4 2020 · · · · · ·

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

DATE _____

(850) 656-4724

WALK IN

ENTITY NAME BUTCHERBOX, LLC

DOCUMENT NUMBER

XXX

PLEASE FILE THE ATTACHED AND RETURN

_____ Plain Copy _____ Certified Copy _____ Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION______ NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED $^{PREPAID SEE REJECTION}$

ACCOUNT # I2016000072

wie DW

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2020

r

BUTCHERBOX, LLC 20 GUEST ST BOSTON, MA 02135

CORRECTED Please Allow For Same File Date

SUBJECT: BUTCHERBOX, LLC Ref. Number: M18000005749

We have received your document for BUTCHERBOX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

Letter Number: 320A00005576

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BUTCHERBOX, LLC Enter new principal office 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) 2. The Florida document number of this limited liability company is: _____ 3. Jurisdiction of its organization: MA 4. Date authorized to do business in Florida: 06/15/2018 SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: <u>ButcherBox HoldCo, LLC</u> (must contain "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer 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 _____ Zip Code City

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address Ty	pe of Action
AMBR	Michael Salguero	55 Park Avenue	_ 🖸 Add
		Cambridge, MA 02138	Remove
MGR	Michael Salguero	55 Park Avenue	_ = Add
		Cambridge, MA 02138	_ 🗆 Remove
			E DAdd
		_ 🗆 Remove	
		_ 🗆 Add	
aforementior		e than 90 days old, evidencing the icated by the official having custody of records in the y is organized.	_ 🗆 Remove
	Sign	nature of the authorized representative	
		Michael Salguero	

Filing Fee: \$25.00

.



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

William Francis Galvin Secretary of the Commonwealth

February 6, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

BUTCHERBOX HOLDCO, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 3, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: SALGUERO HOLDINGS, LLC

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: SALGUERO HOLDINGS, LLC, MICHAEL SALGUERO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: NONE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Themins Isbeein

Secretary of the Commonwealth