L050000 27200

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

O: Registration Se Division of Cor		•	
ивјест: <u>UN17</u>	ED PAPERS GRO Name of Lim	IP LLC ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
'lease return all correspo	ndence concerning this matter	to the following:	
	Beatri	2 Hidalgo Name of Person	
	United Po	pers group, LL	<u> </u>
		Firm/Compañy	
	6347 NW	99 Avenue Address	
	Doral, H	33178 City/State and Zip Code Z D D G la · Com to be used for future annual re	
	hach	City/State and Zip Code	
	E-mail address: (to be used for future annual re	port notification)
For further information co	oncerning this matter, please co	all:	
BEATAIZ H	OALGO	a1(<u>305</u>)_3	98-1444
Name o	(Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2020

BEATRIZ HIDALGO 6347 NW 99 AVENUE DORAL, FL 33178

SUBJECT: UNITED PAPERS GROUP LLC

Ref. Number: L05000027200

We have received your document for UNITED PAPERS GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 020A00014443

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Pape	RS Group	o LLC		
United Pape (Name of the Limite	d Liability Comb A Florida Limited	any as it now appears of Liability Company)	our records.)	
This amendment is submitted to amend the follow	200	were filed on <u>03</u>	17/2005	and assigned
A. If amending name, enter the new name of	the limited lial	oility company here:		
				Dis
The new name must be distinguishable and contain the wo	rds "Limited Liabi	ility Company," the desig	nation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applica	ble:		<u> </u>	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	/	U/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	6347 NWa Doral, Fl	<u>99 Avenue</u> 33178	····
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Pina Aca	counting & 7 ST 41 Street Enter Florida	Ax Service	Inc.
New Registered Office Address:				
	Hial	eah City	, Florida <u> </u>	3 <u>013</u> 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>ïtle</u>	<u>Name</u>	Address	Type of Action
sident	Emanuele De Hartinez	6347 NW99 Avenue	XAdd
		Doral, Fl. 33178	□Remove
			□Change
rident	MANUEL A. De Martinez	10831 NW 29 Street	□Add
		Doral. F1 33178	Remove
			Change
retary	Beatruz HiDALGO	10831 NW 29 Street	□ Add
		Doral, Fl 33178	Remove
			□Change
			□Add
			□ Remove
			Change
			🗀 Add
			Remove
			□Change
. 			□Add
			□Remove
			☐ Change

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tive date, if other the	tan the date of filing: 06/01/2020 (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
If the date inserted in	this block does not meet the applicable statutory filing requirements, this date will not be liste
ment's effective date or	n the Department of State's records.
rd enecities a delayed s	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
iled.	effective date, our not an effective time, at 12.01 a.m. on the carrier of (o)
Tina	/ O
JUNE 1	2020
	Λ / /
	Signature of a member or authorized representative of a member