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COVER LETTER

TO: Registration Division of C			
	?		
SUBJECT: Bold	Smith Packaging Consultants		
	Name of Lin	ited Liability Company	
	of Amendment and fee(s) are sub	C	
	F		
		Dustin Smith Name of Person	e varriller-varrille fill fill die Stifte des varles varrille varrille fill die Stifte des varrille va
		Smith Packaging	
		Firm/Company	7.7 188 6 18 18 18 18 18 18 18 18 18 18 18 18 18
		7024 Wright Ave	<u></u>
		Address	
		Mount Dora, FL 32757	• C
		City/State and Zip Code Dustin.Smith@boldtsmithpac	rkaging com
	E-mail address: (to be used for future annual report notifi	
For further information	concerning this matter, please ca	ail:	
Dustin Smi	th	at (414) 378-307	1
Nanx	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)
	LING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BoldtSmith Packaging Cons		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 17, 2015	and assigned
Florida document number 0459569812		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Smith Packaging LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7024 wright ave	3 6
(Principal office address MUST BE A STREET ADDRESS)	Mount Dora, FL 32757	
		10 70
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
	THE CONTRACTOR OF THE CONTRACT	, w
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		<u> </u>
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 Type of Action Title Na me Address ☐ Add □ Remove ☐ Change _□ Add □ Remove □ Ghange ____(Add _□ Remove _□ Change ☐ Add ☐ Remove _ Change □ Add ☐ Remove _□ Change _ Add ☐ Remove

_□ Change

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed as
e record specifies a delay The 90th day after the re	ed effective date, but not an effect ecord is filed.	tive time, at 12:01 a.m. on the earlier o
Dated August 25	, 2016	
	Dustin Smith	

Page 3 of 3

Filing Fee: \$25.00