

M13 00000 6766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

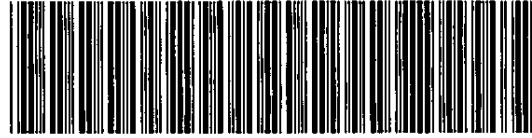
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/27/15--01012--004 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2015 NOV 12 PM 5:16

FILED

NOV 16 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCM Packaging, LLC (old name)
Name of Foreign Limited Liability Company

VESL, LLC
(new)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Tschudi
Name of Person

VESL, LLC
Firm/Company

151 Cheshire Lane N #400
Address

Plymouth, MN 55441
City/State and Zip Code

ltschudi@glaciertek.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Tschudi at (952) 374-6413
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 NOV 12 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 28, 2015

LYNN TSCHUDI
151 CHESHIRE LANE N #400
PLYMOUTH, MN 55441

SUBJECT: PCM PACKAGING LLC
Ref. Number: M13000006766

We have received your document for PCM PACKAGING 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00022838

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 12 PM 5:16

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**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: PCM Packaging, LLC

Enter new principal office address, if applicable: 151 Cheshire Lane N

**(Principal office address
MUST BE A STREET ADDRESS)**

Suite 400
Plymouth, MN 55441

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: M13000006766

3. Jurisdiction of its organization: MN

4. Date authorized to do business in Florida: 10.23.13

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: VESL, LLC
(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 _____
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

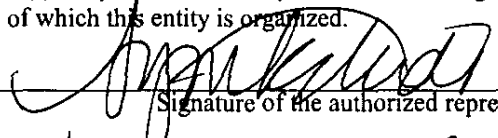
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FLORIDA
2015 NOV 12 PM 5:16
FBI

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eddie Alch	151 Cheshire Ln N #400 Plymouth, MN 55441	<input checked="" type="checkbox"/> Add
		1550 Utica Ave Mpls, MN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
 Lynn Tschudi Controller

 Typed or printed name of signee

Filing Fee: \$25.00

2015 NOV 12 PM 5:16
 STATE DEPARTMENT OF STATE
 PALM BEACH COUNTY, FLORIDA
 FILED

STATE OF MINNESOTA

DEPARTMENT OF STATE

I hereby certify that this is a
true and complete copy of the
document as filed for record in
this office.

DATED 11/5/15

Steve Pinnau

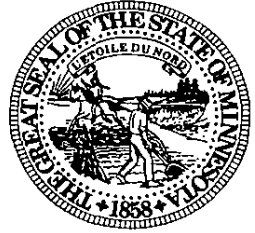
Secretary of State



By

Debrae Caswell

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322B



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

1. List the name of this company currently on file with the Office of the Minnesota Secretary of State: (Required)

PCM Packaging LLC

2. The articles of organization for this Limited Liability Company are amended pursuant to Chapter 322B.

AMENDMENT OPTIONS: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.

3. The company name is changed to:

VESL LLC

4. The registered office address is changed to:

151 Cheshire Lane North, Suite 400 Plymouth MN 55441
Street Address (A post office box by itself is not acceptable) City State Zip Code

5. The registered agent is changed to:

[Empty box for registered agent name]

6. List the date the expiration date has changed to in the jurisdiction of its organization, or list the word "perpetual"

[Empty box for expiration date]

mm/dd/yyyy or Perpetual

7. The business mailing address has changed to:

151 Cheshire Lane North, Suite 400 Plymouth MN 55441
Address City State Zip Code

8. The articles of organization are otherwise amended as follows:

[Empty box for other amendments]

9. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

[Signature] Signature of Authorized Person or Authorized Agent

August 24, 2015 Date

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

ealch@puretemp.com

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Amendment to Articles of Organization
Minnesota Statutes, Chapter 322B



List a name and daytime phone number of a person who can be contacted about this form:

David M. Cremons	612-373-8504
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Contact Name

Phone Number

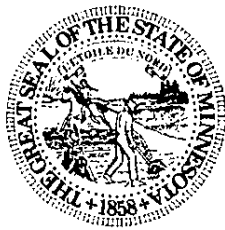
Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes No

Print

Reset



Work Item 838484800022
Original File Number 683988300027

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
08/25/2015 11:59 PM

Steve Simon

Steve Simon
Secretary of State