P06000024991

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SECRETARY OF STATE
AND AND SEEF. FLORIDA

C. LEWIS

AUG - 6 2013

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: UNITED PACKAGING CORP DOCUMENT NUMBER: P06000024991 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAIME A. GUERRA Name of Contact Person UNITED PACKAGING CORP Firm/ Company 10900 NW 36TH AVE Address MIAMI, FLORIDA: 33167 City/ State and Zip Code iguerra@twwdist.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \, (\frac{305}{\text{Area Code & Daytime Telephone Number}})$ JAIME A. GUERRA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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UNITED PACKAGING CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000024991	AUINO
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporati	on:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent N/A	
(Flo	orida street address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	OMMAR GIRAUD	10900 NW 36TH AVE
Add			MIAMI, FLORIDA 33167
Remove			
2) X Change	V	ELLIOTT GIRAUD	10900 NW 36TH AVE
Add	-		MIAMI, FLORIDA 33167
Remove			
3) X Change	S	MARIA GIRAUD	10900 NW 36TH AVE
Add			MIAMI, FLORIDA 33167
Remove			
4) 5			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or addin</u> (Attach <i>additional shee</i>	g additional Artic	cles, enter chan	ge(s) here:		
N/A	is, if necessary).	(De specific)			
IN/A					
					
					
		· · · · · · · · · · · · · · · · · · ·			
				<u> </u>	
			<u>-</u>		
F. If an amendment pro	vides for an exch	ange, reclassifi	cation, or cance	llation of issued s	hares,
provisions for imple	menting the amer	ndment if not c	ontained in the	amendment itself:	1
(if not applicable	, indicate N/A)				
N/A					
					<u>-</u>
	-				

The date of each amendment(s) adoption: _	1/31/2013	Eother than the
date this document was signed.	7/31/2013	13 AUG - 1 AM 9: 33
Effective date <u>if applicable</u> :	7/31/2013 (no more than 90 days after amendment file do	WALLAHASSEE. FLORIDA
Adoption of Amendment(s)	CHECK ONE)	од
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the ε or approval.	mendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	voting group) "	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and sha	ıreholder
Dated 7 / 31	12013	
Signature Signature	• ••	
selected, by an ir	resident or other officer – if directors or officers has a corporator – if in the hands of a receiver, trustee, or any by that fiduciary)	
	(Typed or printed name of person signing)
	(Title of person signing)	