(Requestor's Name)				
(Address)				
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(Business Entity Name)				
(Document Number)				
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**B. BOSTICK** JUN - 6 2011

FYAMINE

## **COVER LETTER**

SUBJECT: So A Packing Shappine Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  DAVIDE MC Gravy Name of Person  Firm/Company  4039 Filing Fee & City/State and Zip Code  Valley please for be used for future annual report notification)  For further information concerning this matter, please call:    Section of Person   Area Code & Daytime Telephone Number   Section		on Section	
Please return all correspondence concerning this matter to the following:  DAVIDE MANAGE FOR AND	SUBJECT:	So A Packing & Sharing  Name of Limited Liability Company	
Firm/Company  4039 Filmartin Production Prod	The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Firm/Company  4039	Please return all cor	respondence concerning this matter to the following:	
For further information concerning this matter, please call:    Section   Se		DAvis K. Mc Digary Name of Person	
City/State and Zip Code  Valley fines (w) Commastrinet  Englail address: To be used for future annual report notification)  For further information concerning this matter, please call:  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\bigsup_{\$30.00}\$ Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)		·	
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For further information concerning this matter, please call:  at (		Rilahassee II 32309 ASS = City/State and Zip Code	7
For further information concerning this matter, please call:  at (		Valley pines or comeast net III. It is a contract of the contr	-
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{S30.00 Filing Fee & Certificate of Status}}\$  Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}\$	For further informat	tion concerning this matter, please call:	_
\$25.00 Filing Fee Solution Filing Fee & Solution Status Solution Status Solution Sol	N.	ame of Person Area Code & Day time Telephone Number	
Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	Enclosed is a check	for the following amount:	
	\$25.00 Filing Fe	Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy	

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ 30 A tacking	and Shipping CC
(Name of the Limited Liabilit	Company as it now appears of our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on MAY 24, 2014 and assigned 5.852
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	377
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TIL TIL
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress 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 608, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Type of Action Name** Address Michael G. W. Colony David K. M. Quary ☐ Add\_ Remove \_ Add Remove 7/66 ∃Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member E. M. Gury
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00