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(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 10 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Co Pack, LLC

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:

Elizabeth France

Name of Person

United Co Pack, LLC

Firm/Company

8675 Se 155th pl

Address

Summerfield, FL 34491

City/State and Zip Code

katie@unitedcopack.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth France

Name of Person

at (352) 303-1163

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)

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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Diane Ward	P.O. BOX 12078	☐ Add
		Brooksville, FL 34603	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• _____
• _____
• _____

Dated _____, _____.

Elizabeth France

Signature of a member or authorized representative of a member

Elizabeth France

Typed or printed name of signee

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Filing Fee: \$25.00

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