

LD60000100240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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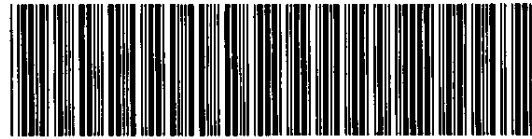
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JAN 31 2014
S. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri State Polysteel 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:

Donna L. Wilkie
Name of Person
PAP-CAP INDUSTRIES LLC
Firm/Company
3235 WISTERIA LANE
Address
Grand Ridge, FL 32442
City/State and Zip Code
wilkie-donna@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna L. Wilkie at (850) 209-7900
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tri-State Polysteel LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/13/2006 and assigned Florida document number LC6000100240

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PAP-CAP INDUSTRIES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3235 WISTERIA LANE

Grand Ridge, FL 32442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3235 WISTERIA LANE

Grand Ridge, FL 32442

B. If amending the registered agent and/or registered office 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:

DONNA L. WILKIE

New Registered Office Address:

3235 WISTERIA LANE

Enter Florida street address

Grand Ridge

Florida

32442

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Donna L. Wilkie
If Changing Registered Agent Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DONNA L. WILKIE	3235 WISTERIA LANE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Grand Ridge, FL 32442	
AMBR	James Penick	3235 WISTERIA LANE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Grand Ridge, FL 32442	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: February 18, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 24, 2014

Donna L. Wilkie

Signature of a member or authorized representative of a member

DONNA L. WILKIE

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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