

**LD7000020180**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 MAR 26 PM 1:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

MAR 27 2012

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CCC Global Packaging, 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:

Donald S. Fradley  
Name of Person

Fradley Law Firm  
Firm/Company

27 N Pennock Ln 104  
Address

Jupiter FL 33458  
City/State and Zip Code

fradley@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Fradley at (561) 7438800  
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CCC Global Packaging 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 2/22/07 and assigned  
Florida document number 107000020180

This amendment is submitted to amend the following:

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

N/A

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

**\* Enter new principal offices address, if applicable:**

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

CCC Global Packaging LLC  
3260 Cassopolis St  
Elkhart IN 46514

**\* Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

CCC Global Packaging LLC  
3260 Cassopolis St.  
Elkhart IN 46514

**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:

N/A

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**

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

Title	Name	Address	Type of Action
MGRM	Stanley Cox	2500 East Ave. 1-W Rochester, NY 14610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Todd W. Cornell	3260 Cassopolis St Elkhart, IN 46514	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

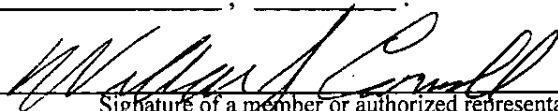
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 26 PM 1:34

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

William J. Cornell

Typed or printed name of signee