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| (Requestor's Name)                      |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|                                         |  |  |  |
| (Business Entity Name)                  |  |  |  |
|                                         |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Certificates of Status                  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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09/29/08--01051--021 \*\*25.00





Martha Kirschman mkirschman@hinshawlaw.com 954-375-1158

September 25, 2008

ATTORNEYS AT LAW

One East Broward Blvd. Suite 1010

Ft. Lauderdale, FL 33301

954-467-7900 954-467-1024 (fax) www.hinshawlaw.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Articles of Amendment to Articles of Organization of Eagle Packaging Machinery, LLC

Ladies and Gentlemen:

Enclosed for filing please find an original and copy of the Articles of Amendment as referenced above, along with this firm's check in the amount of \$25.00, representing the filing fee. Please return a copy of the filed Articles of Amendment in the enclosed self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office. Thank you for your attention to this matter.

Very truly yours,

HINSHAW & CULBERTSON LLP

Marti Kirschman

Legal Assistant to Tamara M. Green, Esq.

Marti Kirschner

MK: Enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EAGLE PACKAGING MACHINERY, LLC                                                                                                                        |                                                         |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited L                                                                                  | ny as it now appears on our recon<br>.iability Company) | rds.)                             |
| The Articles of Organization for this Limited Liability Company Florida document number L08000062384                                                  | were filed on 06/25/2008                                | and assigned                      |
| This amendment is submitted to amend the following:                                                                                                   |                                                         |                                   |
| A. If amending name, enter the new name of the limited liab                                                                                           | ility company here:                                     |                                   |
| The new name must be distinguishable and end with the words "Limi"L.L.C."                                                                             | ted Liability Company," the design                      | nation "L.J.C" or he abbreviation |
| Enter new principal offices address, if applicable:                                                                                                   | 5244 NW 163rd Street                                    | AN SE                             |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                   | Miami, Florida 33014                                    | 29                                |
|                                                                                                                                                       |                                                         |                                   |
| Enter new mailing address, if applicable:                                                                                                             | 5244 NW 163rd Street                                    | 5 = 5                             |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                            | Miami, Florida 33014                                    |                                   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent: |                                                         | enter the name of the nev         |
| New Registered Office Address:                                                                                                                        |                                                         |                                   |
| 1.011 (Constant Office (Tan. 300)                                                                                                                     | (Enter Florida s                                        | treet address)                    |
|                                                                                                                                                       | , Flo                                                   | rida                              |
|                                                                                                                                                       | (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 afnending 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 **Address Type of Action Title** <u>Name</u> \_\_\_\_ Add Remove ☐ Add Remove 🗖 Add Remove ☐ Add Remove Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Change Address of Manager -PAXIOM USA, INC. 5244 NW 163rd Street Miami, Florida 33014 Dated \_\_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00