

U080000 78021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

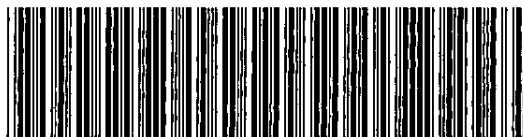
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200139049722

12/18/08--01024--010 \*\*30.00

FILED  
03 DEC 18 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

DEC 19 2008

EXAMINER

# Sanford M. Martin

Attorney at Law

## MARTIN LAW OFFICE, PA.

*A Professional Law Association*

93 Main Street - 2<sup>nd</sup> Flr  
Ellsworth, ME 04605  
(207) 664-1941  
Fax: 664-1942

*Licensed in Maine, Florida, Illinois*

December 15, 2008

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

Subject: Articles of Organizationb for: **NEW PRODUCTS SOLUTION, LLC**

To: Division of Corporations:

Enclosed is an original and one copy of the Articles of Amendment for a Florida limited liability company:

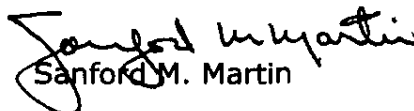
**NEW PRODUCTS SOLUTION, LLC**

Also, enclosed is a check for \$ 30.00 as payment for the filing fee and Certificate of Status.

Please return the certificate to: **MARTIN LAW OFFICE, PA  
SANFORD M MARTIN, ATTN  
93 MAIN STREET — 2<sup>ND</sup> FLR  
ELLSWORTH, MAINE 04605**

If you have any questions relating to this letter or the Articles of Incorporation, please contact this office at (207) 664-1941.

Sincerely,

  
Sanford M. Martin

SMM/jh  
Enclosure

08 DEC 18 AM 11:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW PRODUCTS SOLUTION, 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:

**SANFORD M. MARTIN**

(Name of Person)

**MARTIN LAW OFFICE, PA**

(Firm/Company)

**93 MAIN STREET**

(Address)

**ELLSWORTH, MAINE 04605**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DAVID BOLDAK**

(Name of Person)

at ( 239 ) 949-1171

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
08 DEC 18 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

NEW PRODUCTS SOLUTION, 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 AUGUST 13, 2008 and assigned  
Florida document number L08000078021.

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:

N/A

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

Enter new mailing address, if applicable:

N/A

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

**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.*

N/A

**(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM/S	JACKIE BOLDAK	10340 WALES LOOP --- BOX 12 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM/S	PATRICIA L. BOLDAK	10318 SANDY HOLLOW LANE BONITA SPRINGS, FL 34135	<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.)*

ADDRESS OF MGRM/VICE PRESIDENT DAVID BOLDAK IS CHANGED TO:

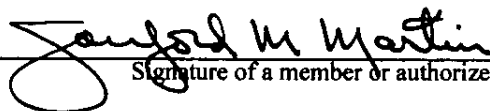
10318 SANDY HOLLOW LANE, BONITA SPRINGS, FL 34135

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 18 AM 11:40

FILED

Dated DECEMBER 15, 2008



Signature of a member or authorized representative of a member

SANFORD M. MARTIN, ATTORNEY;

Typed or printed name of signee