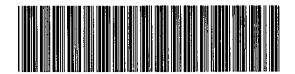
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
,	An	end

Office Use Only



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Mr //de

COVER LETTER

Division of Corp	orations			
SUBJECT: Elettra Pa	ickaging LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
•	C	Ü		
		Nestor L. Guillen		
	<u>,</u>	Name of Person		
	Guiller	n Serrano & Associate	es, LLC	
		Firm/Company		
	2250	CTAT 2J. A Cts	. 150	
		SW 3rd Avenue, Suit	e 150	
) xadi ola		
		Miami, FL 33129		
		City/State and Zip Code		
		uillen@guillenserrano		
	E-mail address; (to be used for future annual i	report notification)	
For further information cor	ncerning this matter, please ca	all:		
Nestor L.	Guillen	305	831-40	193
Name of I		at (305 Area Code)	Daytime Teleph	one Number
Enclosed is a check for the	following amount:			
Ճ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	: [\$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is encl	osed)	Certificate of Status & Certified Copy (additional copy is enclosed)
3447175	IC ADDDECC.	CEDDET	ICOLIOTED . D	D D D D D

MAILING ADDRESS:

TO:

Registration Section

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



Elettra 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 Li-	ability Company v	were filed on <u>09/03/2</u> 0	009	and assigned
Florida document numberL09000085444	 -			
This amendment is submitted to amend the follo	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liabil	lity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabiti	ty Company," the designation	n "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/oregistered agent and/or the new registered of			ecords, <u>ent</u>	er the name of the new
Name of New Registered Agent:	Guillen Serra	no & Associates, LLC		
New Registered Office Address:	2250 SW 3rd	Avenue, Suite 150 Enter Florida street	address	
		Lines i los laci sireei		22170
	Miami	City	, Florida	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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
		·	Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

' amending any other morning	ion, enter change(s) here: Otttach additional sheets	y
 		
ote: If the date inserted in this blo beament's effective date on the De	be specific and cannot be prior to date of filing or more than 90 bek does not meet the applicable statutory filing requirement of State's records. effective date, but not an effective time, at 1	ents, this date will not be listed a
ated November 13,	2015	
		7. SE
	Signature of a member or authorized representative of a member	- 空岩
	2	25 N F
	Clara I. Teran, Manager Typed or printed name of signee	
		<u> </u>
	Page 3 of 3	TATE ORIDI

Filing Fee: \$25.00