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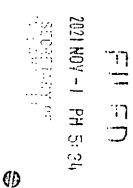
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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COVER LETTER

Division of Co			
CSM Pape	er & Film, LLC		•
SUBJECT:	Name of Limi	ited Liability Company	•
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alan L Young		
	-	Name of Person	
	CSM Paper & Film, LLC		
		Firm/Company	
	2785 Park Square Place Fas	st	
		Address	
	Amelia Island, FL 32034		
	ayoung@csmpaper.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report i	notification)
For further information	concerning this matter, please ca	all:	
Alan L Young		904 635-6624	
Name	of Person	at () Area Code Day	time Telephone Number
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CSM Paper & Film, LLC

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

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	(A ric	mua Emmeu Biatimiy Company)	·	_
	Organization for this Limited Liabilit t number		and assigned	9
This amendment	is submitted to amend the following	g:		
A. If amending	name, enter the new name of the	limited liability company here:		
The new name must	be distinguishable and contain the words	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."	_
Enter new princ	cipal offices address, if applicable:			_
(Principal office	address MUST BE A STREET AD	ODRESS)		_
	ing address, if applicable:			
(Mailing addres:	S MAY BE A POST OFFICE BOX			_
	the registered agent and/or registe e new registered office address her	ered office address on our records, <u>enter th</u> re:		— <u>tere</u>
Name o	of New Registered Agent:			
New R	egistered Office Address:	Enter Florida street address		_
		Elad	lata.	
		, Flori	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

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>	<u>Name</u>	Address	Type of Action
AMBR	Robin Dew Young	2785 Park Square Place East, Amelia Island, FL 32034	
			1 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ctive date, if other than the				(option:	al)
effective date is listed, the date mu <u>e:</u> If the date inserted in this b ument's effective date on the E	lock does not meet t	he applicable st	atutory filing re	han 90 days after III quirements, this d	ng.) Pursuant to 605,020 ate will not be listed a
cord specifies a delayed effective filed.	ve date, but not an ef	ffective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th day after the
October 28	202	21			
ed		·			
/ 1/ -	1//		representative of a		

Typed or printed name of signee