

L100000114637

(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



200242300862

12/10/12--01033--024 **25.00

FILED
2012 DEC 10 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 12 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PARC 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:

Paul Adams

Name of Person

PARC Packaging LLC

Firm/Company

4344 Phillips Hwy

Address

Jacksonville, FL 32207

City/State and Zip Code

Padams@parcpackaging.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Adams

Name of Person

at (**904**) **759-0062**

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 AM 8:30

FILED

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**

PARC 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 11/03/2010 and assigned Florida document number L10000114637.

This amendment is submitted to amend the following:

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

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)

4344 Phillips Hwy.

Jacksonville, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 24726

Jacksonville, FL 32241

FILED
2012 DEC 10 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Ronnie Calugar Jr.

New Registered Office Address:

4344 Phillips Hwy

Enter Florida street address

Jacksonville

City

, Florida 32207

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronnie Calugar	4344 Phillips Hwy Jacksonville, FL 32207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Paul Adams	4344 Phillips Hwy Jacksonville, FL 32207	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christopher E Gaston	6500 Bowden Rd, Suite 200 Jacksonville, FL 32216	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2012 DEC 10 AM 8:30
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

Dated 12-04-12



Signature of a member or authorized representative of a member

Ronnie Calugar Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2012 DEC 10 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA