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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: South Florida Packing & Snipping 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:
Steven Schuble
South Florida Packing + Shipping LLC Firm/Company
1980 Tigerfail BIVd.
Dania Beach, FL 33004 City/State and Zip Code
Stevens'chuble of Mail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Schuble at (954) 299-8708  Name of Person Area Code Daytime Telephone Number
The code Bayana reconstruction
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

South Florida Pac	King to Lipping	LLC	•
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 110000/0457	y were filed on	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Liz	ability Company," the designation "LLC" or the al	obreviation "L.L	C."
Enter new principal offices address, if applicable:			<del>778</del> 1
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	VISE BES
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Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	25
		2-	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		the name o	f the new
Name of New Registered Agent:			
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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).	If amen	iding a	any other	information,	enter change	e(s) here:	(Attach additiona	l sheets, if necessary.)
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Filing Fee: \$25.00

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