UDD)50248

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

JUN 1 4 2016 S. YOUNG

" COVER LETTER

TO: Registration So Division of Co					
AR PLAST	TICS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ISABELLA SANTOS				
		Name of Person			
	AR PLASTICS LLC				
		Firm/Company			
	21500 BISCAYNE BLVD	SUITE 700			
		Address			
	AVENTURA FL 33180			16	ī, Ā.Ę
	ADDI ACTICCI I COCIA	City/State and Zip Code			₹ <u>₩</u>
	ARPLASTICSLLC@GMA E-mail address: (IL.COM to be used for future annual report noti	fication)	===	75.55 55.55 55.55
For further information of	concerning this matter, please co			2	デー で 人
ISABELLA SANTOS		305 560-5238 at ()		2: 11	G. 93
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 enclose		
			•		

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

AR PLASTICS LLC			
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L11000050248	ity Company were filed on 04/28/2011	and assign	ed
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" or the abbr	eviation "L.L.C	. 17
Enter new principal offices address, if applicable	:		<u>-</u>
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	16	——
B. If amending the registered agent and/or r	registered office address on our records, enter th	ie name-of	the nev
registered agent and/or the new registered office	address here:	0	6327 m-21
		PH	
Name of New Registered Agent:		<u>.</u>	<u>, </u>
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 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
MGR	STRASBURG BUSINESS GROUI	21500 BISCAYNE BLVD, SUITE	
		700 AVENTURA FL 33180	Remove
			Change
MGR	RAPHAEL ADES	21500 BISCAYNE BLVD SUITE	Add
		700 AVENTURA FL 33180	☐ Remove
	<u> </u>		Change Add A FEREN
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	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 60 licable statutory filing requirements, this date will not be list
ment's effective date on the Department of State's record	ls.
ecord specifies a delayed effective date, but r e 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earli
d JUNE 7 , 2016	
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	thorized representative of a member

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Filing Fee: \$25.00