

**L12000033034**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

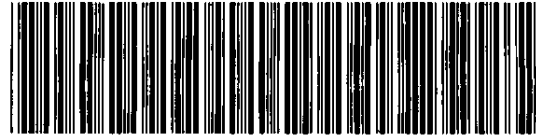
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 DEC 27 P 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**S Warren**

**DEC 28 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shrink Wrap It, 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:

Edward D. Wilson

Name of Person

Firm/Company

609 N. Ridgewood Ave

Address

Ormond Beach, FL 32174

City/State and Zip Code

abigfish72@aol.com

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

For further information concerning this matter, please call:

Edward D. Wilson

Name of Person

at (386)

Area Code

547-5447

Daytime 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Shrink Wrap It, 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 3/8/2012 and assigned  
Florida document number L12000033034

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 contain 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)

609 N. Ridgewood Ave.  
Ormond Beach, FL  
32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

609 N. Ridgewood Ave.  
Ormond Beach, FL  
32174

**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:

Edward D. Wilson

New Registered Office Address:

609 N. Ridgewood Ave

Enter Florida street address

Ormond Beach

Florida

32174

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.

\* Ed W

If Changing Registered Agent, Signature of New Registered Agent

FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
JUN 11 2012

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jason E. Iannarelli	496 Palm Ave	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edward D. Wilson	609 N. Ridgewood Ave	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED  
JUN 11 2011  
11:47 AM  
CLERK OF STATE  
TAMPA, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/20, 2016

Signature of a member or authorized representative of a member

Jason E. Iannarelli.

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
2018 MAR 27 P 1:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA