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J. SAULSBERRY EXAMINER MAY 3 2003

COVER LETTER

Division of Corporations
SUBJECT: MARLIN 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:
ROBERT W. BENNETT Name of Person
MERIN ASSOCIATES, UC Firm/Company
8214 REGENTS COURT Address
UNIVERSITY PARK, FLORIDA 34201 City/State and Zip Code
bob@marlin packaging cond E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Name of Person at (303 770-419) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee & \$25.00 Filing Fee & \$25.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARLIN PACKAG	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on 64/10/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and end with the words "Limited Liab" L.L.C."	oility Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	201
(Principal office address MUST BE A STREET ADDRESS)	2018 HA TI
	A I
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
B. If amending the registered agent and/or registered office aderegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
City	, Florida 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 = Mana MGRM = Man	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	GLOPAL PACKAGING	GOLUTIONS, LIC	_ Add
		PO BOX 6543	_ Remove
		DENVER, CO 80206	- -
Wer	GT REGIS PACKAGI	DG INTERNATIONAL	🔀 Add
		PO POX 1202	Remove
		FAIRPLAY, 00 80440	<u>.</u>
			Add
			Remove
			2019 MAY
		30 2 20 2 30 2 30 2	Add
		i du. Om en Mingage	Remove
		ari A	22
			Add
			Remove
			_
			Add
			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	0/1/28/2/01/2
aicu	Alla Commell
	Signature of a member or authorized representative of a member POSE O TO ESTADLET Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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