# L12000133027

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(C	ity/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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T. BROWN

# COVER LETTER

TO:

Registration Section
Division of Corporations

Palm 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:

Stacie Eckholo
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Name of Person

Palm Packaging LLC

Firm/Company

5077 Fruitville Road, #109

Address

Sarasota, FL 34232

City/State and Zip Code

seckhold@comcast.net

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

For further information concerning this matter, please call:

# Stacie Eckhold

Name of Person

<sub>at</sub> 810, 8

Area Code

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

Williams I Comment of the Control of

Palm 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 Florida document number <u>L12000133027</u>	were filed on October 18, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5077 Fruitville Road, #109 Sarasota, FL 34232	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		ne name of the new
	· · · · · · · · · · · · · · · · · · ·	
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			Add
		<del></del>	□ Remove
			·
			□ Add
			□ Remove
			Add
			Remove
			Add
			□ Remove
		-a	Add
			Remove
			Add
			Remove

D. If ar	By special meeting of the members of the Company,
	the Company shall submit IRS Form 2553 to the Internal
	Revenue Service to take the S-Corp election to be taxed
	as such as of January 1, 2013.
(The e	ective date, if other than the date of filing:
Date	Shuttunda
	Signature of a member or authorized representative of a member  Stacie Eckhold

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Typed or printed name of signee

Filing Fee: \$25.00