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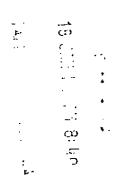
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Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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COVER LETTER

	gistration Sec rision of Corp			
SUBĴECT:	Karpinski P	roduce LLC		
oudect.			ited Liability Company	
The enclosed	d Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Bryan Karpinski		
			Name of Person	
			Firm/Company	
		P. O. Box 11		
			Address	
		Sunbury Pa 17801		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	eation)
For further i	nformation co	oncerning this matter, please ca	all:	
Bryan Karp	inski		570 988-6490	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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

(Name of the Lim	ited Liability Company a (A Florida Limited Liab	as it now appears on our records. ility Company)	
The Articles of Organization for this Limited I	Liability Company we	ere filed on January 29, 2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C.V"
Enter new principal offices address, if appli			
Principal office address MUST BE A STRE	ET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE	- - ROY)		5
B. If amending the registered agent and registered agent and/or the new registered of	~	e address on our records,	enter the name of the
Name of New Registered Agent:	Paul M. Day		
New Registered Office Address:	2728 Oakleigh Co	urt Enter Florida street address	
	Tallahassee		rida <u>32312</u>
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Karpinski	P. O. Box 11	
•		Sunbury PA 17801	■ Remove
			Change
MGR	Bryan P. Karpinski	P. O. Box 11	
		Sunbury PA 17801	Remove
			Change
			□ Add
			Remove
			Remove
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			□ Remove
			Change
			Add
			Remove
			Change

										
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an effect	tive date is list	ed, the date n	iust be specific	and cann	ot be prior t	o date of tili	ing or more th	an 90 days afb	er filing.) Pursu iis date will no	ant to 605.02
			Department			DIC Statuto	ry minig req	unements, th	us date will no	n be fisted
e recoi	rd specifie	s a delay	ed effectiv	e date,	but not	an effec	tive time	, at 12:01	a.m. on th	e earlier
			ecord is file					•		
ated	Dece	MBEL	20	 <u>-</u>	2017	<u>.</u> .				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee