## 45000050222

Office Use Only



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B. BOSTICK
.SEP 1 0 2013
EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

united Co Pack, 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:

Elizabeth France

Name of Person

United Co Pack, LLC

Firm/Company

8675 Se 155th pl

Address

Summerfield, FL 34491

City/State and Zip Code

katie@unitedcopack.com

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

For further information concerning this matter, please call:

Elizabeth France

,,352,303-1163

Name of Person

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

United Co Pack, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our s Limited Liability Company)	records.
(-11.07.02	· Limitou Liucini, Compuny,	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{04/04/201}{201}$	and assigned
Florida document number L13000050222	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
-		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		S S
		28.88 19.88
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		o
		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade		rds, enter the name of the new
registered agent and/or the new registered office ad-	aress nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la street address
	City	Florida Zip Code
	City	zip coue

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Diane Ward	P.O. BOX 12078	Add
		Brooksville, FL 34603	Remove
			Add
			Remove
			Add
			Remove
		TALLAHASS	2013 SEP [
		SS-E, FLURIO	Add Remove
		Di A	05
	-		Add
			Remove
	,		
			Add
			Remove

. 11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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ted	,,
	Elisabeth Fina
	Signature of a member or authorized representative of a member
	Elizabeth France
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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