Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number: I20120000052

: (305)591-9180

Fax Number

: (305)591-9167

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Into @ Jelen accounting com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PACKING4U.NET LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

p.02

Jelen Accounting Services Inc

AKTICLES OF AMENDMENT

TO : ARTICLES OF ORGANIZATION OF

PACKING 4U.NET, LLC						
(Name of the Limit	led Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)				
The Articles of Organization for this Limited Liability Company were filed on 09-18-2013 Florida document number L13000132324		and assigned				
This amendment is submitted to amend the foll	owing:	,	·			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:				
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."			
Enter new principal offices address, if applic		1600 NW 84TH AVE				
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 33126				
			Èm S			
		1600 NW 84TH AVE	SEP 18			
		DORAL, FL 33126	m - 3 H			
			FLS -			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new			
Name of New Registered Agent:	IGOR ERNES	TO BRICENO VIDAL				
	3832 NW 58C	T				
New Registered Office Address:		Enter Florida street address				

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.

City

DORAL

If Changing Registered Agent, Signature of New Registered Agent

09/18/15 12:32PM Jelen Accounting Services Inc 305-591-9167 p.03
If amending Authorized Person(s) authorized to manage, enter the true, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	JUAN V GONCALVES	8530 NW 64 STREET	□ Add			
		MIAMI FL 33166				
			☐ Change			
MGR	GENESIS G GONCALVES	8530 NW 64 STREET				
		MIAMI, FL 33166	-			
		ale addicated the decided by a V and Providing of Pres (or prograft butter) exceptions, under the contract of	☐ Change			
AMBR	JOSE DOS SANTOS	1745 E HALLANDALE BEACH	☐ Add			
		BLVD 607W	Repove			
		HALLANDALE, FL 33009	HA A Change			
AMBR	IGOR E BRICENO	3832 NW 58 CT				
Epidemining Vigge-spays (distributed to		DORAL, FL 33166	Remove			
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			□ Remove			
			Change			

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fective date, if other than th	ne date of filing:	(optio			
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