

L15000061487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

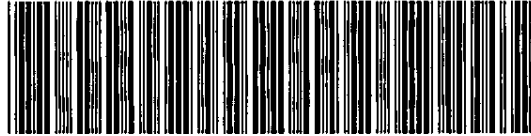
(Business Entity Name)

(Document Number)

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W15-2937

RECEIVED
OFFICE OF STAFF
TALLAHASSEE, FLORIDA

15 MAY 15 PM 4:58

FILED

T. Bush MAY 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apparel Packaging Supplies 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:

Laura Jean Mastrobboni
Name of Person

Firm/Company

6617 Woods Island Circle / #301
Address

Port St. Lucie FL 34952
City/State and Zip Code

Laumastro5@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Mastrobboni at 917 741-5823
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2015

LAURA JEAN MASTRONOUNI
6617 WOODS ISLAND CIRCLE #301
PORT ST LUCIE, FL 34952

SUBJECT: APPAREL PACKAGING SUPPLIES LLC
Ref. Number: W15000029372

RECEIVED
15 MAY 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for APPAREL PACKAGING SUPPLIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 815A00008519

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Apparel Packaging Solutions 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 were filed on April 8th 2015 and assigned
Florida document number L15000061487.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LAURAJEAN MASTROBUONI	6617 WOODS ISLAND CIR LCE 301	<input checked="" type="checkbox"/> Add
		Port St. Lucie Fl 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
TALLAHASSEE
MAY 15 2010

15 MAY 15 PM 14:58
SACRAMENTO CALIFORNIA

7 MAY 15 PM 4:58
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 7TH 2015

Signature of a member or authorized representative of a member

LAURAJEAN MASTROBUONI

Typed or printed name of signee