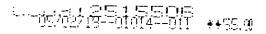
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FILED SECRETARY OF STAIL DIVISION OF CORPORATIONS

N COOPER MAY 0 4 2018

COVER LETTER

	ng Direct LLC		
SUBJECT.	Name of Limite	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
			•
	Felipe Castano		
		Name of Person	
Packaging Direct LLC Firm/Company 817 SW 120th Way Address Davie, FL 33325 City/State and Zip Code packdir@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Felipe Castano 954 258-6100 at (
		Firm/Company	
	817 SW 120th Way		
		Address	
	Davie, FL 33325		
		City/State and Zip Code	
	- -		
		·	cation)
For further information co	oncerning this matter, please call	:	
Felipe Castano			
Name of	Person		l'elephone Number
Enclosed is a check for the	e following amount:	4	
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

TO:

Registration Section Division of Corporations

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

Packaging Direct LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document numberL15000064021	A==0.40, 0045	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1976 Mears Parkway	SE SE
(Principal office address MUST BE A STREET ADDRESS) Margate, FL 33063 Enter new mailing address, if applicable:	HAY	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STAFE ARY OF STAFE ORPORATIONS -2 AN 7: 18
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>enter</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	υij.	rsp Coae

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the meffective date is listed, the date muote: If the date inserted in this become not be a feet on the Legiment's office live date on the Legiment's office live date.	ast be specific and cannot be prio- block does not meet the application	cable statutory filing requ	(optional) n 90 days after filing.) Pursu irements. this date will no	ant to 605.020 ot be listed a
cument's effective date on the I	repartment of State's records			
rocard appoints = ===	J - 55			
record specifies a delaye The 90th day after the rec	o effective date, but no cord is filed.	ot an effective time,	at 12:01 a.m. on th	e earlier (
April 24	2018			
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	11. 1-1			
		0_		
	Signature of a member or auth	orized representative of a m	amh	<u></u>

Page 3 of 3

Filing Fee: \$25.00