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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	S Packron I	ctromics	LhC
		ed Liability Company	
			\
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	JUSYM P	adron	
	30,0,0	Name of Person	· · · · · · · · · · · · · · · · · · ·
	2 Padron	IMESMUV Firm/Company	LJUCK
		Firm/Company	
	101291 Dec	in chase blue	\.
•		Address	
	Cylarc	City/State and Zip Code	5
	1		vsn va com
-	E-mail address: (to	be used for future annual report	t notification)
For further information cond	cerning this matter, please cal		
Kendra H	arney	at (<u>L/07</u>) 30	12363
Name of Pe	erson	Area Code Da	lytime Telephone Number
Enclosed is a check for the f	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

S Pack on In (Name of the Limited Liability (A Florida	Vest wents ty Company as it now appears of Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	05/001U_ and assigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here	≧:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDR	RESS)		
			—
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent:		our records, enter the name of the	he new
New Registered Office Address:			
	Enter Florid	a street address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registere	•	•	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of m gent as provided for in Ch ed office address, I hereby	ny duties, and I am familiar with an apter 605, F.S. Or, if his documen	d

Page 1 of 3

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AUBA	Humira Harney		
			Remove
		10129 bean Chose blid Orlando, Fl. 33635	Change
		07101 K10, K1. 30003	Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			□ Change

			Remove
		RETARY O	Change Change Remove
		F S TAT	

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Hurs -
	Signature of a member or authorized representative of a member Typed or printed hame of signee
	Page 3 of 3