L16000109586

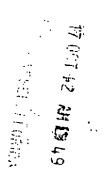
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Βι	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500304439695

10/12/17--01026--005 **25.00



OCT 1 27 Y CULNER

COVER LETTER

TO:	Registration Se Division of Cor			
CHDII	The Train E			
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Natalie M. Olson		
			Name of Person	
		Tin Can Paper Co. LLC		
			Firm/Company	
		9641 Ohio Place		
			Address	
		Boca Raton, FL 33434		
		<u></u>	City/State and Zip Code	
		natalie@the traindoor.com	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca		
Natali	e M Olson		561 654-1296 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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

The Train Door LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) i Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>06/06/2016</u>	and assigned
Florida document number £16000109586		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Fin Can Paper Co. LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	e 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)		. 3
	······································	
		<u></u>
3. If amending the registered agent and/or registered	office address on our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered office address he		
		20° 4 5 4
Name of New Registered Agent:		
Name Development Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	ı
	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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Ādd
			Remove
			Change
			AMB
			□ Remove
			Remove
			Change

☐ Remove

								<u></u> ,	
								_	
					<u>.</u>				
			- -						
			<u>.</u>	-					
									
:									
			· · · · ·	<u> </u>		<u> </u>		<u></u>	
				 -					
					.,			<u> </u>	
							<u>.</u>	<u> </u>	
								1,9	
								Pin Ser	
						-	<u> </u>	- \$\frac{1}{2} -	
								&_	
						_			
									 •
ective date, if on effective date is liste: If the date insument's effective	sted, the date m serted in this t	ust be specific as block does not	nd cannot be p meet the ap	plicable stat	filing or more atory filing re	han 90 days	optional after filin , this dat	g.) Pursi	uant to 605.02 not be listed
record specifi he 90th day a	es a delaye after the re	ed effective cord is filed	date, but 1.	not an ef	fective time	e, at 12:0	01 a.m	. on tl	ne earlier
ed <i>0640</i>	ber_2	A.d. Signature of	. 201	<u>Z</u> .					

Page 3 of 3

Filing Fee: \$25.00