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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

September 27, 2017

Re: Belmont Pen LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Jean Traynor to file the enclosed Amendment for Belmont Pen LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (tall free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

www.enitia.com

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: BELMONT	F PEN LLC		
JUBICET.		ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing,	
Please return all corresponde	nce concerning this matter	to the following:	
	Edward Stahl	lin	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Direct Incorp	oration	
		Firm/Company	
	315 W Huron	St., Ste 240	
		Address	
	Ann Arbor, M	II 48103	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
_	documents@c	directincorporation.com	
Fire Combine in Granussian		•	ication)
For further information conc	erning this matter, please co	MI:	
Edward Stahlin at (877) 281-6496 Name of Person Area Code Daytime Tele			96
Name of Per	Son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing 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)

MAHLING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clirton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELMONT PEN LLC					·
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears ompany)	on our records.)			 -
The Articles of Organization for this Limited Liability Company were file	ed on(7/22/2016		and	assigned
Florida document number <u>L16000138272</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability con	ipany her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liability Compa	any." the des	ignation "LLC" or	the abbr	eviation	"L.L.C."
Enter new principal offices address, if applicable:			F	201	
(Principal office address MUST BE A STREET ADDRESS)	j :				
					2.n
			11.5 (1) 23	טר	# · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		···	···.		
(Mailing address MAY BE A POST OFFICE BOX)	·		<u> </u>	<u>~</u>	
B. If amending the registered agent and/or registered office address here:	iress on	our records, <u>s</u>	enter th	ie nan	ne of the no
Name of New Registered Agent:		·			
New Registered Office Address:	··		 		
	Enter Florid	a street address			
		, Floric	ta	184	
Ciţv				Zip Co	le

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Robert Stillman	6401 Congress Avenue, 215	□ Add
		Boca Raton, FL	⊠ Remove
		33487	Change
MGRM	Costas Maltezos	65 rue de Josselin	_ Add
		Blainville, Canada	□ Remove
		J7B1X9	Change
MGRM	_George Larivee	65 rue de Josselin	⊠ Add
		Blainville, Canada	Remove
		J7B1X9	□ Change
			
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oic: 1	ve date, if other than the ctive date is listed, the date in fit the date inserted in this ent's effective date on the	block does not m	icet the applicable	ate of filing or more th statutory filing req	(optiona an 90 days after fili uirements, this da	il) ng.) Pursuant to 6 ite will not be 1	505.020 isted a:
reco	ord specifies a delaye 90th day after the re	ed effective decord is filed.	ate, but not ar	n effective time,	at 12:01 a.m	on the ear	lier o
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	Jean	<u>In</u>	uprite				enter.
		 Signature of a re 	nengber or authorized	d representative of a n	nember		
			-				,
			ean Traynor				Fee .

Page 3 of 3

Filing Fee: \$25.00