# L17000015349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700299633147

05/26/17--01005--011 \*\*25.00



MAY 3 0 2017 Y SULKER

## **COVER LETTER**

Division of Corp.	orations		
SUBJECT: PACKE	EDUP, LLC		
		ted Liability Company	
The analysis of Amiles		witted for filing	
The enclosed Afficies of A	mendment and fee(s) are sub	mitted for filling.	
Please return all correspond	dence concerning this matter t	to the following:	
		Dustin Keith Gimbel	
		Name of Person	
		Packed Up, LLC	
		Firm/Company	
	7113 San	d Lake Reserve Dr. Apt. 2104 Address	
		Address	
		Orlando El 32810	
		Orlando, FL 32819 City/State and Zip Code	
		dkaimhal@amail.com	
	E-mail address: (t	dkgimbel@gmail.com to be used for future annual report notif	ication)
For further information cor	ncerning this matter, please ca	1H·	
Torraction morniacion con	noething this matter, prease et	••••	
Dustin Gimbel		at ( 321 ) 202-	4202
Name of 1	Person	at ( <u>321</u> ) <u>202-</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
<b>☑</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

# TO ARTICLES OF ORGANIZATION OF

PACKED	JP, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company		and assigned	
Torida document number <u>L17000015349</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
Packed Up, LLC		•	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7113 Sand Lake Reserve Dr. Apt. 2104		
Principal office address MUST BE A STREET ADDRESS)	SS) Orlando, FL 32819		
Enter new mailing address, if applicable: 7113 Sand Lake Reserve Dr. Apt. 2104		r. Apt. 2104	
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32819		
	ve 11	4 4 5 5 4 1	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the	
	-	AHA AHA	
Name of New Registered Agent:		85	
Tham of New Neglitorea right.		Mo.	
New Registered Office Address:	Enter Florida street address		
	Liner i tortaa sireet aaaress	RA P	
	, Florid	la Zin Code	
	C IV.	ΖΙΩ C.ΩΩΡ	

#### 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

### or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dustin Keith Gimbel	7113 Sand Lake Reserve Dr. Apt. 2104	<b>\\</b> \Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			EC□ Gange
			AAAD No.
			Remove
			Change
			🗆 Add
	·		□ Remove
		- <u></u>	☐ Change
			Add
			Remove
			Change

,			_
( -			_
_			_
-			-
_			_
-			-
-			_
-			_
•			_
			_
-			-
-			_
-		>> <b>3</b>	<u> </u>
		25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACT SET
			4
•			FY .
			_ 🖰
		OA P	
Effect	tive date, if other than the date of filing: May 15, 2017 (optional	l)	
(If an ef Note:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	g.) Pursuant to 60 e will not be lis	)5.0207 (3)(b ited as the
docun	nent's effective date on the Department of State's records.	•	
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m	. on the earl	ier of:
) The	e 90th day after the record is filed.		
Dated	May 15, 2017		
	Signulare of a member or authorized representative of a member		
	Signature of a mental of aprilotized representative of a mental		
	Daniel Teodoro		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00