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## **COVER LETTER**

TO: Registration Sec Division of Corp SUBJECT: ZAVA		19 Ackaging to Mackaging	and Brand	Consultar	J, (
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	Jampa La  620 E.  Tampa  Samuer	Name of Person  Name of Person  White Company  Wilderess  Luigs 4  City State and Zip Code	LA. FIID		
For further information to AWI (14) W Name of Enclosed is a check for the	neerning this matter, please co	all: ar ( <u>\$13</u> .) <del>}</del>	18 Ú303 ime Telephone Number		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Florida document number / This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

11 Changing Registered Agent, Signature of New Registered Agent

. Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
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	Name Lovie NOT	_i`\_	
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		<u>.</u>	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requires document's effective date on the Department of State's records.	(optional) days after fili nents, this day	ng.) Pursi	ant to 605.0207 (3) ot be listed as the
If the record specifies a delayed effective date, but not an effective time, at (b) The 90th day after the record is filed.	12:01 a.m	n. on th	ne earlier of:
Dated	ber		
Typed or printed name of signee			<u></u>

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Filing Fee: \$25.00