118000027806

/Posus	stor's Name)	
(Reque	stors ivame)	
(Addres	SS)	
(Addre	ss)	
(City/Si	tate/Zip/Phone	#)
	<u></u>	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	ne)
(Docum	nent Number)	
(= 33	,	
Certified Copies	Cortificator	of Status
Certified Copies	Cermicales	OI Status
.		
Special Instructions to Filir	ng Officer:	





700309183317

02/21/18--01002--004 **25.00



FEB 2 2 2018

Y SULKER

COVER LETTER

TO:	Registration Sec Division of Corp			
CHID HE	JET Packag	_		
SUBJE	CT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter	to the following:	
		Christopher H. Henderson		
			Name of Person	
		McIntyre Henderson, PLLO	C	
			Firm/Company	
		2950 Halcyon Lane, Unit	702-A	
			Address	
		Jacksonville, FL 32223		
			City/State and Zip Code	
		chh@mcintyrehenderson@g		
			to be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	all:	
Christo	pher H. Henderson	n	904 294-6548 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

JET Packaging, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 01/31/2018	and assigned
Florida document number L18000027806		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
SS Packaging Machinery, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		
		0
Inter new mailing address, if applicable:		Code Control Code
Mailing address MAY BE A POST OFFICE BOX)		Car.
		The state of the s
		- CO 100
3. If amending the registered agent and/or register	ed office address on our records.	enter the namecof the ne
egistered agent and/or the new registered office addres		\$*
Name of New Registered Agent:		
1000 411		
New Registered Office Address:	Enter Florida street address	• • • • • • • • • • • • • • • • • • • •
	, Flor	ida Zip Code
	Cny	zip cone

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

<u>Name</u>	<u>Address</u>	Type of Actio
		□ Remove
		Change
		☐ Remove
		
		□ Add
		□ Remove
		☐ Change
		SS CO
		Remove
		Change
		Add
		☐ Remove
		Add
		☐ Remove

	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	STATE OF THE STATE
	(A) * (N)
	* ************************************
	<u> </u>
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 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 605,0207 ts, this date will not be listed as
he record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	:01 a.m. on the earlier of
Dated February 13 2018	
Mustylen J. Slenders, afterway t authorized copresent Signature of a member or authorized representative of a member	1 talive

Page 3 of 3

Filing Fee: \$25.00