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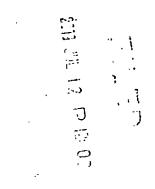




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7/9/18 25

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Packout and Go LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Misty Name of Person
Pack On the Co, Inc.
1570 S Paverline Rd Ste H
Deerfield Beach 72 33442
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Mister Day of Hand at 50/2 3489 3 3 3 3 3 3 3 3 3
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Participation Soution Participation Soution

Registration Section Division of Corporations
6 PO 20x 6327
Talignusee, Ft. 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Packout and Go Name of the Limited Liability Compa	ny as it now appears on our records.)		
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number 418000094863		and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Pack Out On The The new name must be distinguishable and contain the words "Limited Liabil	Go LLC iity Company," the designation "LLC" or the a		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6000 Park of Comme Boca Raton, 71		<u> Un</u> .+(
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20068 EDWOSEE	Ave	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name o	of the new
Name of New Registered Agent:		: ->	:
New Registered Office Address:	Enter Florida street address Florida		
	City Piorida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
			☐ Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
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			Remove
			🗅 Change
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			□ Change

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ffective date, if other than the date of filing: (op an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af	otional)
sote: If the date inserted in this block does not meet the applicable statutory filing requirements, to ocument's effective date on the Department of State's records.	his date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	l a.m. on the earlier of
ated	
Signature of a member or authorized correspondence of a member	
Signature of a member or authorized representative of a member Misty Wayalitaire Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00