# L18000117494

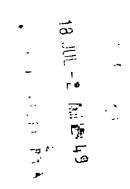
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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J LEGGETT JUL 05 2018

# COVER LETTER .

	gistration Sec rision of Corp			
SHD IECT.		CKAGING, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	umendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		ALEXANDER S JASIN		
			Name of Person	
			Firm/Company	
		11293 NW 69TH PL		
			Address	
		PARKLAND, FL 33076		
		BOXHOLDINGSLLC@GN	City/State and Zip Code MAILCOM	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all;	
ALEXAND	ER S JASIN		954 575-2516 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	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)

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

REFINE PACKAGING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $^{\circ}$ and assigned ....о сли 1.18000117494 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.

Cirv

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>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALEXANDER S JASIN	11293 NW 69TH PL	
		PARKLAND, FL 33076	O Add
			■ Remove
		<del> </del>	Change
AMBR	BOXED HOLDINGS, LLC	11293 NW 69TH PL	□ Add
		PARKLAND, FL 33076	-
			□ Remove
			Change
			Add
			□ Remove
			Change
	<u> </u>		Add
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ective date, if other than th	te date of filing: ust be specific and cannot be prior to date of	(optional)	
e: If the date inserted in this	block does not meet the applicable statu Department of State's records.	filing or more than 90 days after filing.) I tory filing requirements, this date w	fursuant to 605,03 ill not be listed
record specifies a delay- he 90th day after the re	ed effective date, but not an effectord is filed.	ective time, at 12:01 a.m. o	n the earlier
JUNE 26 ed	2018		
	is 1		
	11/12/ /11/11	esentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00