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| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | ······································ |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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O GOLDEN

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|--|---|--|
| ~ · · · · · | | CKAGING, LLC | | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | |
| The en | iclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | ALEXANDER S JASIN | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 11293 NW 69TH PL | | |
| | | | Address | |
| | | PARKLAND, FL 33076 | | |
| | | BOXHOLDINGSLLC@GM | City/State and Zip Code | |
| | | E-mail address: (t | to be used for future annual report notifi | cation) |
| For fur | ther information co | oncerning this matter, please ca | all: | |
| ALEX | ANDER S JASIN | | 954 575-2516 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| ≅ \$2 | 5.00 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | | 4.12 | <u> 13 Pii 3: 05</u> |
|---|---|--------------------------------|----------------------|----------------------|
| (Name of the Limited Liabilit (A Florida | ty Company as it i Limited Liability | now appears on our Company) | records.) | |
| The Articles of Organization for this Limited Liability C Florida document number | | led on | | and assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ited liability co | mpany here: | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Com | pany," the designatio | n "LLC" or the abt | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis | stered office ac | ddress on our r | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis | stered office ac | | | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis | stered office address here: | | ecords, <u>enter</u> | the name of the |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office add | stered office address here: | ddress on our r | ecords, enter | the name of the |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent: | stered office address here: | ddress on our r | ecords, enter | the name of the |

If Changing Registered Agent, Signature of New Registered Agent

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 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> | <u>Address</u> | Type of Action |
|--------------|---------------|---------------------------------------|-----------------|
| MGR | ATIF MUHAMMAD | HOUSE # 844/2. ST # 2 | |
| | | GULISTAN COLONY | ■ Remove |
| | | QAINCHI LAHORE PB 54000 PK | □ Change |
| | | | □ Add |
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| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. APRIL I 2020 | | - - | | | | |
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| Signature of a member or anthorized representative of a member | | | Hoy he | n'r/ | | |
| | _ | Signature of a | member or anthor | ized representative of | a member | · · |

Page 3 of 3

Filing Fee: \$25.00