

Division of Corporations

Page 1 of 2

**L18000237021**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000048857 3)))



H200000488573ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLACKLEIDGER ENTITY MANAGEMENT LLC

Account Number : 120150000089

Phone : (305) 444-8800

Fax Number : (305) 444-4010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
**OCEANUS FOODS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

V SULKER

FEB 13 2020

RECEIVED

2020 FEB 12 PM 12:44

FEB 12 2020

2020 FEB 12 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(H200000488573)

Oceanus Foods 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 10/15/2018 and assigned  
Florida document number L18000237021

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NALPACK, LLC

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

Florida

City

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

(H200000488573)

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>                              | <u>Type of Action</u>                      |
|--------------|-----------------------------------|---------------------------------------------|--------------------------------------------|
| MGR          | Luis Dario Martin Arbulu Alvistur | 2330 Ponce De Leon Blvd, Coral Gables 33134 | <input checked="" type="checkbox"/> Add    |
|              |                                   |                                             | <input type="checkbox"/> Remove            |
|              |                                   |                                             | <input type="checkbox"/> Change            |
| MGR          | Alonso Delgado Scheelje           | 2330 Ponce De Leon Blvd, Coral Gables 33134 | <input type="checkbox"/> Add               |
|              |                                   |                                             | <input checked="" type="checkbox"/> Remove |
|              |                                   |                                             | <input type="checkbox"/> Change            |
|              |                                   |                                             | <input type="checkbox"/> Add               |
|              |                                   |                                             | <input type="checkbox"/> Remove            |
|              |                                   |                                             | <input type="checkbox"/> Change            |
|              |                                   |                                             | <input type="checkbox"/> Add               |
|              |                                   |                                             | <input type="checkbox"/> Remove            |
|              |                                   |                                             | <input type="checkbox"/> Change            |
|              |                                   |                                             | <input type="checkbox"/> Add               |
|              |                                   |                                             | <input type="checkbox"/> Remove            |
|              |                                   |                                             | <input type="checkbox"/> Change            |
|              |                                   |                                             | <input type="checkbox"/> Add               |
|              |                                   |                                             | <input type="checkbox"/> Remove            |
|              |                                   |                                             | <input type="checkbox"/> Change            |

(H200000488573)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date is not listed, the date of filing will be used. If the date asserted in this block does not meet the applicable statutory filing requirements, this date will not be used in the document's effective date on the Department of State's records.

The record specifies a date of effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after it is recorded; or (b) \_\_\_\_\_

Dated: FEBRUARY 07

2020

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alonso Bengado Schreier

\_\_\_\_\_  
Type or print name of signer

(H 200000 488573)