

L19000074860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

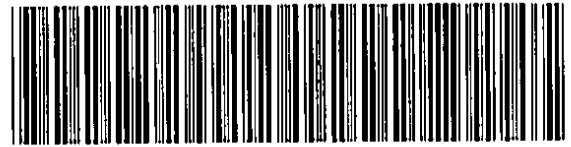
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 5 2020

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PROPER PAPER, LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIM MICHAELSEN  
Name of Person

PROPER PAPER LLC  
Firm Company

P.O. BOX 110504  
Address

BRADENTON, FL 34211  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

JIM MICHAELSEN 702 526-5684  
Name of Person at ( Area Code ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PROPER PAPER, 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 03/18/2019 and assigned  
Florida document number L19000074860.

This amendment is submitted to amend the following:

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

PP2019, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

221

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  
City, Florida 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.*

Signature of New Registered Agent

If Changing Registered Agent, Signature of New Registered Agent

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In amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
or removed from our records:

AMR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAELSEN, JIM	P.O. BOX 110504	<input type="checkbox"/> Add
		BRADENTON, FL 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONNERS, BRITINI	P.O. BOX 110504	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-09-2010 BY 60322

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/7/2020 \_\_\_\_\_,

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**