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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG 20 AM 11:14

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AUG 20 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELA FULFILLMENT 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:

JOANNA T VASS

Name of Person

CO-PACKING USA LLC

Firm/Company

2716 FORSYTH RD UNIT 110

Address

WINTER PARK, FL 32792

City/State and Zip Code

JOANNA@COPACKINGUSA.COM

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

For further information concerning this matter, please call:

JOANNA T VASS

941

504-1940

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:
Registration Section
Division of Corporations
P.O. Box 6397
Tallahassee, FL 32303

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

WELA FULFILLMENT 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 MARCH 28, 2019 and assigned Florida document number L19000086478.

This amendment is submitted to amend the following:

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

CO-PACKING USA 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)

2716 FORSYTH RD UNIT 110

WINTER PARK, FL 32792

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2716 FORSYTH RD UNIT 110

WINTER PARK, FL 32792

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:

2716 FORSYTH RD UNIT 110

Enter Florida street address

WINTER PARK

City

Florida

32792

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

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19 AUG 20 AM 11:11
STATE OF FLORIDA
FALL HARBOR, FL

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>
AMBR	JOANNA T VASS	608 S SUMMERLIN AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MICHAEL A FONNER	608 S SUMMERLIN AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GABRIELA M DUKE	608 S SUMMERLIN AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JEROME I KLEINRICHT	608 S SUMMERLIN AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32806	<input type="checkbox"/> Remove
			<input checked="" 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

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19 AUG 20 AM 11:14
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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

PLEASE ADD FEIN 83-4316808

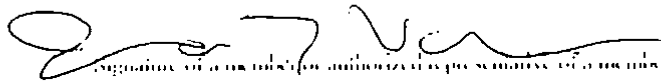
19 AUG 20 AM 11:14
RECORDS SECTION
TALLAHASSEE, FLORIDA

FILED

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.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 8 2019



IOANNA T VASS

Typed or printed name of signer