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(Requestor's Name)
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COVER LETTER

O = 7 =	s a a server		D PACKAGING, LLC		
SUL	BJECT:		Name of Limit	ted Liability Company	
The	enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Plea	ise returr	all correspor	ndence concerning this matter t	o the following:	
			ALEXANDER JASIN		
			BIG BRAND PACKAGING	Name of Person	
			11293 NW 69TH PL	Firm/Company	<u> </u>
			PARKLAND, FL 33076	Address	
			BIGBRANDHOLDINGS@		
			E-mail address: (t	o be used for future annual report no	otification)
For	further i	information co	oncerning this matter, please ca	ill:	
AL	EXAND	DER JASIN		954 575-2516 at () Area Code Dayti	
		Name of	Person	Area Code Dayti	me Telephone Number
Enc	losed is	a check for th	e 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

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

(Name of the Limited Liability Company as it now ap	pears on our records.)
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	ny)
The Articles of Organization for this Limited Liability Company were filed on L19000168436	6/2 0 /19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
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:	ದ
(Principal office address MUST BE A STREET ADDRESS)	2 30
	မှ ႏွာ
	P No.
Enter new mailing address, if applicable:	£ 25
(Mailing address MAY BE A POST OFFICE BOX)	2 de
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, <u>enter the name of th</u>
New Registered Office Address: Enter	r Florida street address
	, Florida
Cit:	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

. 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>	Address	Type of Action
MGR	JASKIN, ALEXNADER S	11293 NW 69TH PL	
		PARKLAND, FL 33076	Add
			■ Remove
			Change
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			□ Remove
			Change
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Effective date, if other than the date in an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the app	licable statutory fili	(option nore than 90 days after fi ng requirements, this d	al) ling.) Pursuant to 605.02t late will not be listed a
e record specifies a delayed e The 90th day after the record	ffective date, but of is filed.	not an effective	time, at 12:01 a.	m. on the earlier
AUGUST 26TH	2019			
Dated	·	<u> </u>		
	gnature of a member or at	and fair		

Page 3 of 3

Filing Fee: \$25.00