

L19000 215 997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

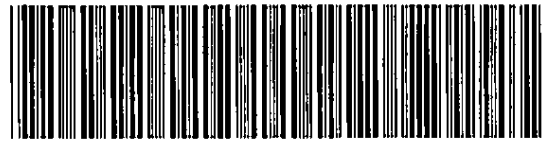
(Business Entity Name)

(Document Number)

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2020 JUN 17 AM 8:28

Amend  
license  
chg

JUL 29 2020

I ALBRITTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CUZ Containers 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:

Dennis Altom  
Name of Person

Pro Cons LLC  
Firm/Company

5352 Highway Ave.  
Address

Jacksonville FL 32254  
City/State and Zip Code

proconsllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Altom at (904) 235-5224  
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 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**

Cuz Containers LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019  
AUG 23 8:28

The Articles of Organization for this Limited Liability Company were filed on 8/23/2019 and assigned Florida document number L19000215997

This amendment is submitted to amend the following:

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

Pro Cans LLC

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

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

5352 Highway Ave  
Jacksonville FL 32254

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

5352 Highway Ave  
Jacksonville FL 32254

**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:

5352 Highway Ave

Enter Florida street address

Jacksonville

City

Florida

32254

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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