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(Reque	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/St	ate/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only

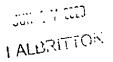


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COVER LETTER

TO:

TO: Registration Division of C						
	KISSIMMEE PACK PRINT	KISSIMMEE PACK PRINT SHIP & MAILBOXES LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	ANBA	LAGAN SUNDARAMPILLAL				
		Name of Person				
	KISSIMMEE PA	ACK PRINT SHIP & MAILBOXE	S LLC			
13726 LAKE CAWOOD DR						
		Address				
	WINI	DERMERE FL 34786				
		City/State and Zip Code				
		oalag@gmail.com	· ., .			
		to be used for future annual report notifi	ication)			
For further informatio	n concerning this matter, please c	all:				
ANBALAGAN S	UNDARAMPILLAI	407 797-7761 at ()				
Nam	e of Person		Telephone Number			
Enclosed is a check fo	or the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 			
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations allahassee : Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KISSIMMEE PACK PRINT S.		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on APRIL 20 : 2020	and assigned
Florida document number 1, 20000107838		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
KISSIMMEE PRINT PACK & SHIP LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	
		20
		6
Fatan many mailing address if applicables		
Enter new mailing address, if applicable:		6)
(Mailing address MAY BE A POST OFFICE BOX)		7
		<u> </u>
		0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new regist
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, 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>	Name	Address	Type of Action
			≡ Add
			□Remove
			Change
			□Add
			Remove
			□Change
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			Remove
			□Change

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<u>ote:</u> I	If the date inse	rted in thi:	s block does n	ling: and cannot be p ot meet the ap of State's reco	plicable statute	ing or more the	(option 190 days after for this direments, this	nal) . iling.) Pursuant to date will not be	605.020 listed as
ecord is file		layed effe	ctive date, but	not an effectiv	ve time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day a	ister the
ated _	MAY 22 .202	20	\		·				
			A	Jones					_
			Signature o	of a member or a	authorized repres	sentative of a n	nember		