## 120000283893

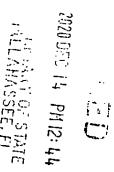
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	 Filing Officer:	

Office Use Only



000356201520

12/14/20--01818--005 \*\*25.00



1 SID KITE JAN 27 2021

## **COVER LETTER**

Registration Section Division of Corporations

TO:

STAMP AS SUBJECT:	RT OF PACKAGING LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Darrył S. Schreiber, Esqui		
		Name of Person	
	Schreiber, Schreiber & Sch	nreiber PA	
		Firm/Company	
	5600 Sheridan Street		
	-	Address	
	Hollywood, FL #3021		
		City/State and Zip Code	
	maferre@huellalit.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please e	all:	
Darryl S. Schreiber		954 966-5600 at ( )	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAMP ART OF PACKAGING LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L20000283893	npany were filed on September 10, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		65 P 12
New Registered Office Address:	Enter Florida street address	PHI2: 44
	, Florida	₩ <b>‡</b>
	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>	<u>Name</u>	Address	Type of Action
MGR	MIGUEL A. FERRE	2000 Island Boulevard, #1803	\ \_Add
		Aventura, FL 33160	□Remove
			\ \equiv Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			🗀 Add
		<del></del>	□ Remove
		<del></del>	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	iging the midd					-				
	<del></del>									
								<del></del> _		
								<del></del> _		
								·		
	<del>-</del>						<del></del>	<del>_</del> _		
				_			·			
							•		<del></del>	
									<del></del> -	
•										
			<del></del>							
<u>sote:</u> If th	date, if other re date is listed, ne date inserte s effective dat	d in this block	does not n	neet the app	plicable sta	f filing or m tutory filin	2020 ore than 90 g requirem	(option days after figers, this c	i <b>al)</b> ling.) Pursua late will no	nt to 605.0207 t be listed as
record sp I is filed.	ecifies a delay	ed effective d	ate, but not	an effectiv	re time, at 1	2:01 a.m. (	on the earli	er of: (b)	The 90th	day after the
ated	12/7		1	. 207						
		//		_						
	-		gnature of a r				<del>- ,</del>	_ <del>_</del>		

Filing Fee: \$25.00