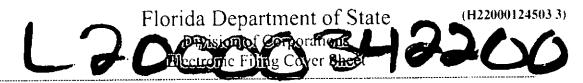
Page: 2

4/5/22, 5:40 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000124503 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063 : (786)343-9023 Phone : (305)384-4684 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: monicalopez@flaccountinglic.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PACKAGING CONSULTING GROUP LLC

Certificate of Status	0
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Corporate Filing Menu

Help

(H22000124503 3)

Tallahassee, FL 32314

COVER LETTER

TO:	Registration Se Division of Cor			(H22000124503 3)
		PACKAGING CO	NSULTING GROUP LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	*
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		;	MONICA LOPEZ REYES	
		***************************************	Name of Person	**************************************
		F&L A	CCOUNTING SERVICES LLC	
		<u> </u>	Firm/Company	
	2414 NW 87TH PL STE 2414			
Address				- 118 <u></u>
			DORAL, FL 33172	
			City/State and Zip Code	
			to be used for future annual report n	otification)
For fu	rther information c	oncerning this matter, please c	ali:	
	MONICA LO	OPEZ REYES	786 at ()	2674792
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclo	sed is a check for the	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 Address: Registration Section		Street Address: Registration (
	Division of C		Division of C	'orporations
	P.O. Box 632		The Centre o	f Tallahassee roe Street, Suite 810
	Tallahassee.	r に 323 I 4	24 LO EN IMION	not oneed ante ord

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H22000124503 3)

	· ·	(1122000124205 0)
PACKAGING CONS	SULTING GROUP LLC	
	any as it now appears on our records.) Liability Company)	
(A Florida Limited		
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Torida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 ADDRESS)		****
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
maning university to D. A. F. O. S. T. C. S. L.		
B. If amending the registered agent and/or registered office	address on our records, enter the n	ame of the new registe
agent and/or the new registered office address here:		APR
		- 5 E
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		三 _の 薬 - _{記記} 突
	Enter Florida street address	**)* #
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag		agree to comply with
reprovisions of all statutes relative to the proper and complet	e performance of my duties, and I c	ım familiar with and

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

04/6/2022 07:00 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(H22000124503 3)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUIS G DUNOGENT	C/O F&L ACCOUNTING 2414 NW 87TH PL	□ Add
		SUITE 2414	■ Remove
		DORAL, FL 33172	
MGRM	ANA R DUNOGENT	C/O F&L ACCOUNTING 2414 NW 87TH PL	CIAdd
		SUITE 2414	Remove
		DORAL, FL 33172	
MGR	PATRICIA O TORCOLETTI	C/O F&L ACCOUNTING 2414 NW 87TH PL	
		SUITE 2414	_
		DORAL, FL 33172	□Change
			-
			□Remove
			□Change
			□Add
			□Remove
			□Change
-			□Remove
			□Change (H22000124503 3)

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(If an effecti Note: If t	date, if other than the date of we date is listed, the date must be specified in this block door 's effective date on the Department	cific and cannot be prior to date or es not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursual tutory filing requirements, this date will no	ant to 605.0207 (3 of be listed as the
If the record sprecord is filed.		but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated	APRIL 4TH	. 2022		
	Signatu	ure of a member or authorized re	epresentative of a member	
		PATRICIA O TORO	COLETTI	

Filing Fee: \$ 25.00