## 120000356318

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## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE	CT: suncoast par	per and packaging llc		·
		Name of Limi	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter (	to the following:	
		stephen m powers	<u> </u>	
			Name of Person	
		suncoast paper and packag	ing Ilc Firm/Company	
		101 hidden harbour dr	Address	
			, i.e.	
		indian rocks beach, fl 3378	City/State and Zip Code	
		smpweb@aol.com E-mail address: (0	to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please ea	all:	
stepher	ı in powers		at (404 ) 402-2689	
	Name of	Person	at ( 404 ) 402-2689 Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

suncoast paper and packaging lic  (Name of the Limited Liability Compa (A Florida Limited limi	ny as it now appears on our records.)	<u>.</u>
(A Florida Limited )	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10 november 2020	and assigned
Florida document number 1.20000356318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2020 DEC
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7 <u>+</u> <u>-</u>
	<del>-</del> -	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registe
gent and/of the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
- A	Florida	Zin 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
mgr	stephen m powers	101 hidden harbour dr indian rocks beach fl 33785	<b>=</b> Add
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in effective date i	listed, the date must be specific and conserted in this block does not man	cannot be prior to date	of filing or more than 90 o	days after filing.) Pursuant to	605.020 lictarkar
	ive date on the Department of St		natory ming requirem	ents, this date will not be	iiscu a
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ecord specifies	i delayed effective date, but not a	in effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day	after the
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