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COVER LETTER

	gistration Sec rision of Corp		,	
SUBJECT:	SKIMAN M	IAMI LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		MONICA USCATEGUI		
			Name of Person	
		GREENLIGTH FINANCI	AL	
			Firm/Company	•
		7480 BIRD RD STE 810		
		•	Address	
		MIAMI FL 33155		
			City/State and Zip Code	
		MUSCATEGUI@GREENI		
			to be used for future annual report notif	ication)
For further in	nformation co	neerning this matter, please ca	all:	
MONICA U	SCATEGUI		305 860-5970 at()	
	Name of	Person		Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 f	Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKIMAN MIAMI LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	inv as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company	were filed on 06/02/2021	and assigned
lorida document number L210000255604		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
LV PACK DESIGN LLC		
ie new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2021
	•	
		- 1
nter new mailing address, if applicable:		表 1
failing address MAY BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·	7 2 E
tuning maress SIAT BE A POST OFFICE BOX		;
		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u> l	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	F	
	Enter Florida street address	
	, Flor	rida
	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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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ote:	ive date, if other than the date of filing:
	and the second of the Department of State 3 records.
ecor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ıs fil	
is fil	Signature of a member or authorized representative of a member