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Toll-Free: 1.888,449,2638

Direct

1.805.449.2638

Email: info@CorpNet.com



www.CorpNet.com



January 13, 2023

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: Total Packout Solutions, LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$55.00 made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



COVER LETTER

TO: Registration S Division of Co		
	ACKOUT SOLUTIONS, LLC	
30bJEC1	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
	ondence concerning this matter to the following:	
	Amanda J. Beren	
	Name of Person CorpNet, Incorporated.	
	Firm/Company	
	31416 Agoura Rd., Suite 118	
	Address Westlake Village, CA 91361	
	City/State and Zip Code filings@corpnet.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Amanda J. Beren	888 449-2638 at()	
Name o	f Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TOTAL PACKOUT SOLUTIONS, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 10/07/2022	and assigned
Florida document number L22000433053		· ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
TOTAL-PACKOUT-SOLUTIONS-LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES	SS)	
		7028 JAN SEGRETALLA
		ACCEPT TI
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	SS P M
<u> </u>		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address	ed office address on our records, <u>er</u>	nter the name of the new
The new registered diffee address.	, ikit.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		a
	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.

Zip Code

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
AMBR	Ashley Edwards	1413 Westmont Dr.	_
		McKinney, TX 75072	■ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
•			Change
			□ Add
		☐ Remove	
		Change	
		Remove	
	 -		☐ Change
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). D. Hawe	ending any other information, enter change(s) here:	(Attach additional sheets, if necessary)
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E. Effect	ive date, if other than the date of filing:	(optional)
(It an et) <u>Nöte:</u>	ive date of other than the date of filing: feetive date is fixed, the date must be specific and earner be prior to If the date, inserted in this block does not meet the applicab nent's effective date on the Department of State's records.	date of filing or more than M days after filing.) Pursuant to 605 0/207 le statulory filing requirements thus date, will not be listed as
docum	iem's effective date on the Department of State's records.	
Të sikaras	cord specifies a delayed effective date, but not	
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	Y 11 Mars	
• •	Signature of it member or authori	red representative of a member
	Signature of dimember or authori	and representative of a member -

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