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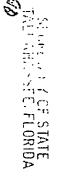
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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

		PACKAGING ENPRESS LL	.c	
SUBJECT:Name of Limited Liability Company				
The enclosed Ai	rticles of 7	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	correspoi	ndence concerning this matter	to the following:	
		YULIANNE VICARIO BO	ONNE	
		<del></del>	Name of Person	
		SANTIAGO PACKAGINO	G EXPRESS LLC	
			Firm/Company	
		575 SW 59th Avenue		
			Address	
		Miami, FL 33144		
			City/State and Zip Code	
		ranchuelo,travel@gmail.com		
		E-mail address: ()	to be used for future annual report no	tification)
For further info	rmation co	oncerning this matter, please ca	all:	
YULIANNE V	ICARIO E	BONNE	786 380-1832	
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed is a ch	eck for th	e following amount:		
□ \$25.00 Filin	ng 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)
	g Address		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTIAGO PACKAGING EXPRESS LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed	on 01/06/2023 and assigned
Florida document number 1.23000014320	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
YULY INTERNATIONAL LLC	
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	89 7
	825 \{\text{U}}
	=
No. 1990 - March March Land	8 25
Inter new mailing address, if applicable:	m m
Mailing address MAY BE A POST OFFICE BOX)	
	13:27 STATE COND
	31 31
3. If amending the registered agent and/or registered office address or	our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	Clasida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			TRemove
			Change
****			□Add
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			□ Remove
			□ Change

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YULIANNE VICARIO BONNE				•	

Filing Fee: \$25.00