## L23000427842

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## **COVER LETTER**

TO: Registration Section

Division of C	orpòrations			
2550 RA	CE TRACK ROAD UNIT B LL	С		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	ANDREW PCJ OCEAN			
		Name of Person		
	UNITED BRANDS			
		Firm/Company		
	6260 DUPONT STATION	COURT EAST		
		Address		
	JACKSONVILLE FL 32	217		
		City/State and Zip Code		
	ANDREWOCEAN@UNIT			
		to be used for future annual report of	otification)	
For further information	concerning this matter, please c	all:		
ANDREW OCEAN		904 730-0550 at ( )		
Name	of Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for	the following amount:			
S25.00 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 Addro Registration		Street Address: Registration S	ection	
Division of	Corporations	Division of Co	Division of Corporations	
P.O. Box 63		The Centre of		
Tallahassee, FL 32314		2415 N. Monr	oc Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 2550 RACE TRACK ROAD UNIT BILLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	mpany were filed on SEPTE	MBER 13 2023	and assigned
Florida document number L23000427842			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
BUBBLEWRAP TRUST LLC			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
			2:
			1023
Enter new mailing address, if applicable:			3
• •			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		P
		<del>.</del>	∞ '~'
agent and/or the new registered office address here:  Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	trant adde in	
	Cuv	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered A	•		Zip Com
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agenceing filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my nt as provided for in Chap	duties, and I am fan oter 605, F.S. Or, if	ulliar with and this document is
j	If Changing Registered Agent, S	Signature of New Regist	ered Agent

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
			DAdd
			□Remove
			Change
			□Add
			Remove
			[] Change
			□Add
			🗀 Remove
			□ Change
<del></del>	<del></del>		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			<b>—</b>

	<u> </u>
(If an o Note	ettive date, if other than the date of filing:
f the rece	ord 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 filed.
Date	OCTOBER 11  Signature of a member or authorized representative of a member
	ANDREW PCJ OCEAN  Typed or printed name of signee

Filing Fee: \$25.00