## L 23000494810

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City)	State/Zip/Phone	e #)
PICK-UP	_	MAIL
FICK-OF		WAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	-
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
Lumils		

Office Use Only



300420655133

12/21/23--01099--097 \*\*30.00



## . . . . . . . . COVER LETTER

CHR IF		OLYBAG LLC		
SOBJEC	- 1 -	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		HARDIK PATEL		
			Name of Person	
		<u> </u>	Firm/Company	
		245 RIVERSIDE AVENU	E, SUITE 100	
			Address	
		JACKSONVILLE. FL 322	202	
		hp@harrapolypack.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report noti	fication)
Division of Corporations  HARRA POLYBAG LLC  SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  HARDIK PATEL  Name of Person  FinnyCompany  245 RIVERSIDE AVENUE, SUITE 100  Address  JACKSONVILLE, FL 32202  City/State and Zip Code  hp@harrapolypack.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  HARDIK PATEL  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Copy  Certificate Copy  Certificate Copy  Certificate Copy  Certificed Copy  Cadditional copy is exclosed)  Certificed Copy				
HARDI	K PATEL	at (		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status &

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

HARRA POLYBAG LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability C Florida document number L23000494810	Company were filed on 10/30/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
HARRA PACKAGING LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	or the abbre tion "L.L.C."
Enter new principal offices address, if applicable:		
• •		O SECTION OF THE PROPERTY OF T
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	<u> </u>
		Total Process
		Ģ.
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<b>*</b>
Maning dauress MAT DE ATOST OFFICE BONY		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
	Fi	orida
	, FI	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
			□ Change
		🗀 Add	
			□Remove
			□ Change
			□Add
		□ Remove	
			□Change
			□Add
		-Lvanus II III I	□Remove
			□Change
			🗆 Add
			□Remove
			□Change

<del></del> -				<del></del>
				<del></del>
<del></del>				
	<del></del>			· · · - · ·
	<u></u>			
	•			
		<u> </u>	_ <del></del>	
		<u>-</u>		<del></del>
			<u> </u>	
	_ <del></del>		<u> </u>	<del></del>
	<u> </u>			
			·	
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the appli	cable statutory filing re-	(optional) than 90 days after filing. quirements, this date	Pursuant to 605.0207 will not be listed as
e record specifies a delayed effective da rd is filed.	te, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) The	e 90th day after the
VIOLUN (D.D.D. 00)	2023			
Dated		<u> </u>		
Dated NOVEMBER 28		urlik Patel		
		wdth Pattl horized representative of a	member	