

MB00005070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

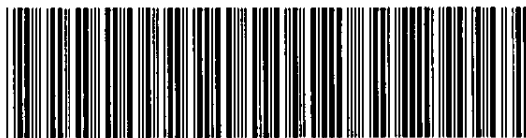
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
15 OCT -2 PM 4:24
TO AGENT OF FILING
SUFFICIENT

FILED
15 OCT -2 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 05 2015

S. YOUNG

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/2/15

NAME: O- PACKAGING SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O-I Packaging Solutions LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Ruiz

Name of Person

O-I Packaging Solutions LLC

Firm/Company

5200 Tennyson Pkwy, Ste 100

Address

Plano, TX 75024

City/State and Zip Code

maria.ruiz@o-i.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Ruiz at (469) 443.1155
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BBO Glassolutions, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005070

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 26, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: O-I Packaging Solutions LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

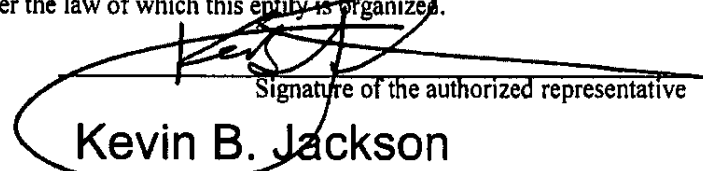
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change title to Assistant Treasurer for Kevin B. Jackson and John T Shaddox

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>T</u>	<u>Kevin B. Jackson</u>	<u>5200 Tennyson Pkwy, Ste 100, PLano, TX 75024</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>T</u>	<u>John T Shaddox</u>	<u>5200 Tennyson Pkwy, Ste 100, PLano, TX 75024</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TREASURY DIVISION

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
Kevin B. Jackson
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

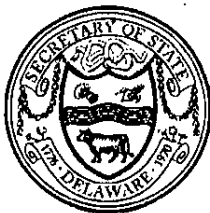
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BBO GLASSOLUTIONS, LLC", CHANGING ITS NAME FROM "BBO GLASSOLUTIONS, LLC" TO "O-I PACKAGING SOLUTIONS LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF SEPTEMBER, A.D. 2015, AT 11:56 O'CLOCK A.M.

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TREASURER, FLORIDA

5597707 8100

151241733

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2692901

DATE: 09-01-15


State of Delaware
Secretary of State
Division of Corporations
Delivered 12:03 PM 09/01/2015
FILED 11:56 AM 09/01/2015
SRV 151241733 - 5597707 FILE

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
BBO GLASSOLUTIONS, LLC**

1. The name of the limited liability company is BBO GLASSOLUTIONS, LLC, (the "Company").
2. The Certificate of Formation of the Company is hereby amended by deleting Article 1 in its entirety and substituting in lieu thereof a new paragraph to read as follows:

"1. The name of the limited liability company is O-I Packaging Solutions LLC (the "Company")."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation of the Company this 1st day of September, 2015.

By: 
James W. Baehren
Vice President and Secretary

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TALLAHASSEE, FLORIDA