

**M15000005070**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

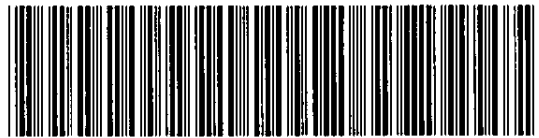
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 05 2015  
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**P.O. BOX 10662 TALLAHASSEE, FL 32302  
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**DATE: 10/2/15**

**NAME: O- PACKAGING SOLUTIONS LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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**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:

\_\_\_\_\_

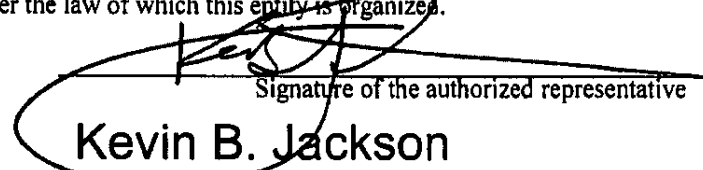
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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
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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.

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

5597707 8100

151241733



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://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 I 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-J 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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