

M18000005284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

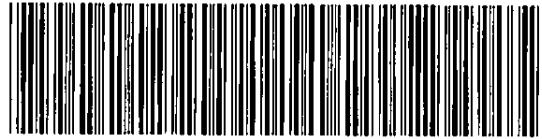
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800415199608

2023 OCT -3 PM 12:40

RECEIVED

2023 OCT -3 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/03/23

R. HUNT

10/03/23

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/03/2023
Acc#120160000072

en: c DW

Name:	Supreme Paper Supplies, LLC
Document #:	
Order #:	15146880 - 5

Certified Copy of Arts & Amend:	<input type="checkbox"/>		2023 OCT - 3 PM 12:40	DEPT OF STATE DIVISION OF CORPORATE AFFAIRS
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		
		Number of Certs:		

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supreme Paper Supplies, 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:

Melissa Childers

Name of Person

Maynard Nexsen PC

Firm/Company

1901 Sixth Avenue North

Address

Birmingham, AL 35203

City/State and Zip Code

mchilders@maynardnexsen.com

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

For further information concerning this matter, please call:

Melissa Childers

at (205) 488-3612

Name of Person

Area Code & Daytime Telephone Number

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

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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DIVISION OF CORPORATIONS
2023 OCT -3 PM 12:40

**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: Supreme Paper Supplies, 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: M18000005284

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/05/2018

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

5. New name of the limited liability company: North River Opco, 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.

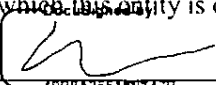
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dennis Hinton

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

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 "SUPREME PAPER SUPPLIES, LLC", CHANGING ITS NAME FROM "SUPREME PAPER SUPPLIES, LLC" TO "NORTH RIVER OPCO, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF SEPTEMBER, A.D. 2023, AT 4:24 O'CLOCK P.M.

Division of State
2023 OCT -3 PM 12:40




Jeffrey W. Bullock, Secretary of State

6805260 8100
SR# 20233420111

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

Authentication: 204234549
Date: 09-25-23

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
SUPREME PAPER SUPPLIES, LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:24 PM 09/05/2023
FILED 04:24 PM 09/05/2023
SR 20233420111 - File Number 6805260

This Certificate of Amendment is being filed by the undersigned in the Office of the Secretary of State of the State of Delaware, in accordance with the provisions of 6 Del. C. § 18-202, to amend the Certificate of Formation of Supreme Paper Supplies, LLC (the "Company") filed in the Office of the Secretary of State of the State of Delaware on March 19, 2018:

FIRST: The name of the Company is Supreme Paper Supplies, LLC.

SECOND: The Certificate of Formation of the Company is hereby amended to effect a change to the name of the Company. Article 1 of the Certificate of Formation is hereby deleted in its entirety and the following shall be substituted in lieu thereof:

"1. The name of the limited liability company is "North River Opco, LLC".

THIRD: Except as amended hereby, the Certificate of Formation of the Company remains in full force and effect.

IN WITNESS WHEREOF, the undersigned, an authorized person with respect to the limited liability company named herein, has caused this Certificate of Amendment to be duly executed, on this the 5th day of September, 2023.

/s/ Dennis Hinton

Dennis Hinton,
an Authorized Person

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DIVISION OF CORPORATIONS