

N190000089214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 MAY 26 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delta Packaging & Supply, 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:

Kenneth M. Borick

Name of Person

Matthews & Jones, LLP

Firm/Company

4475 Legendary Drive

Address

Destin, FL 32541

City/State and Zip Code

kborick@destinlaw.com

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

For further information concerning this matter, please call:

Kenneth M. Borick

at (850) 837-3662

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

**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: Delta Packaging & Supply, LLC

Enter new principal office address, if applicable: 15701 Collins Avenue

(Principal office address

MUST BE A STREET ADDRESS)

Unit 1001

Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

15701 Collins Avenue

Unit 1001

Sunny Isles Beach, FL 33160

2. The Florida document number of this limited liability company is: M19000008944

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: 8/19/2019

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

5. New name of the limited liability company: Triple Seven Consulting, 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: 15701 Collins Avenue, Unit 1001

Enter Florida Street Address

Sunny Isles Beach

Florida 33160

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

FILED

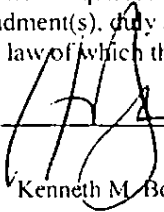
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SECRETARY OF STATE
TALLAHASSEE, FL

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:

<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
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<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
Kenneth M. Borick

Typed or printed name of signee

Filing Fee: \$25.00



Michael Watson
SECRETARY OF STATE

Office of the Secretary of State
Jackson, Mississippi

Triple Seven Consulting, LLC

Business ID: 696862

The attached 2 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 11th day of May, 2023.

Given under my hand and seal of office
the 11th day of May, 2023

A handwritten signature in cursive script, appearing to read "Nitika Hill-Mack".

Nitika Hill-Mack, Director of Business Services

Certificate Number: CN23164717

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

F0012
Fee: \$ 50



Michael Watson
SECRETARY OF STATE

2023049288

Business ID: 696862
Filed: 01/24/2023 04:50 PM
Michael Watson
Secretary of State

Articles/Certificate of Amendment

Business Details

Business ID: 696862

Business Name: Delta Packaging & Supply, LLC

Current Business Name

Business Name: Delta Packaging & Supply, LLC

Amended Business Name

Business Name: Triple Seven Consulting, LLC

Current Principal Office

Address: 500 GULF SOUTH DRIVE
FLOWOOD, MS 39232

Amended Principal Office

Address: 15701 Collins Avenue, Unit 1001
Sunny Isles Beach, FL 33160

Current Parties On Record

Name:
Johnie F Weems
Member

Address:
981 HWY 98 E, SUITE 3424
DESTIN, FL 32541

Amended Parties On Record

Name:
Johnie F Weems
Member

Address:
15701 Collins Avenue, Unit 1001
Sunny Isles Beach, FL 33160

NAICS Code/Nature of Business

423840 - Industrial Supplies Merchant Wholesalers
423840 - Industrial Supplies Merchant Wholesalers
423840 - Industrial Supplies Merchant Wholesalers

Signature

By entering my name in the space provided, I certify that I am authorized to file this

document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **01/24/2023**.

Name:

Adrienne Ashley

Other

Address:

4475 Legendary Drive

Destin, FL 32541



Michael Watson
SECRETARY OF STATE

Invoice Number: 15334337

Invoice Date: 05/11/2023

Customer Information

Adrienne Ashley

Description	Tracking Number	Qty	Item Cost	Amount Paid
Document Copies	CN23164717		\$ 2.00	\$ 2.00
Certified Document Copies	CN23164717		\$ 10.00	\$ 10.00
MSI Transaction Fee			\$ 2.31	\$ 2.31

Payment Details

Invoice Total: \$ 14.31
Payment Total: \$ 14.31
Amount Due: \$ 0.00

Payment Method

Payment Type: Credit Card

Include invoice number on all correspondence and send to:

Mississippi Secretary of State's Office
P.O. Box 136
Jackson, MS 39205

To discuss payment for Corporation items
call:
(601) 359-1633