

M20000000123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

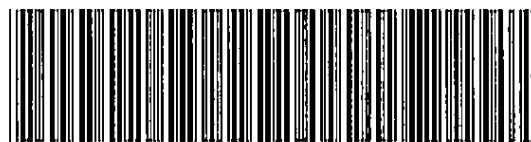
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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03/10/20--01015--014 **60.00

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MAR 09 2020

R WHITE
APR 07 2020

2020.3.3 AM 8:22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2020

THOMAS E SULLIVAN
2900 DUKANE DR STE 2
ST CHARLES, IL 60174

SUBJECT: CCI ACQUISITIONS, LLC
Ref. Number: M20000000123

We have received your document for CCI ACQUISITIONS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certificate must show old and new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 420A00006552

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCI ACQUISITIONS, 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:

THOMAS E. SULLIVAN

Name of Person

CARTONCRAFT, INC.

Firm/Company

2900 DUKANE DRIVE, SUITE 2

Address

ST. CHARLES, IL 60174

City/State and Zip Code

tsullivanlaw@gmail.com

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

For further information concerning this matter, please call:

THOMAS E. SULLIVAN

Name of Person

at (630) 292-1776

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: CCI ACQUISITIONS, 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: M20000000123

3. Jurisdiction of its organization: ILLINOIS

4. Date authorized to do business in Florida: DECEMBER 2, 2019

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

5. New name of the limited liability company: VICTOR'S DIE CUTTING, 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.

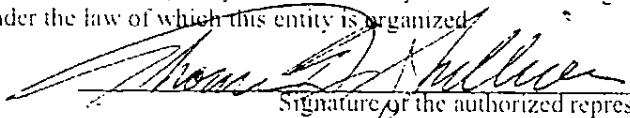
If Changing Registered Agent, Signature of New Registered Agent

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
_____	_____	_____	<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

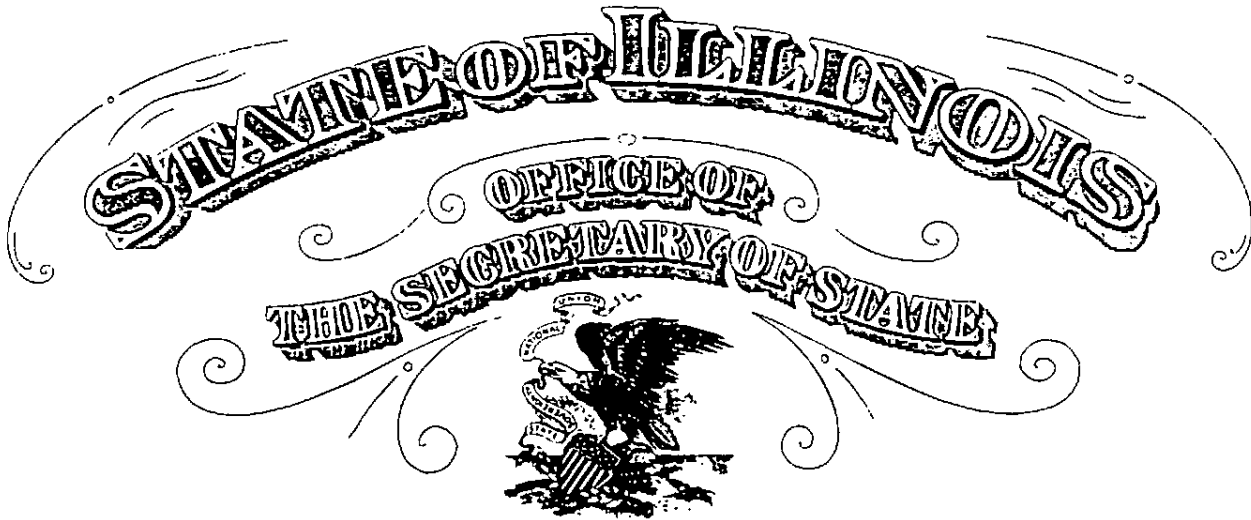
THOMAS E. SULLIVAN, SECRETARY, CARTONCRAFT, INC.

Typed or printed name of signee

Filing Fee: \$25.00

File Number

0812680-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VICTOR'S DIE CUTTING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE. AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 4TH
day of MARCH A.D. 2020 .

Jesse White

SECRETARY OF STATE

State of Florida

Department of State

I certify from the records of this office that CCI ACQUISITIONS, LLC is an Illinois limited liability company authorized to transact business in the State of Florida, qualified on December 2, 2019.

The document number of this limited liability company is M20000000123.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on March 4, 2020, and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of March, 2020*



Ronald R. Lee
Secretary of State

Tracking Number: 5949935481CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Office of the Secretary of State Jesse White
CYBERDRIVEILLINOIS.COM

Corporation/LLC Search/Certificate of Good Standing

LLC File Detail Report

File Number 08126801
Entity Name VICTOR'S DIE CUTTING, LLC
Status ACTIVE

Entity Information

Principal Office
2900 DUKANE DRIVE, SUITE 2
ST. CHARLES, IL 601740000

Entity Type
LLC

Type of LLC
Domestic

Organization/Admission Date
Tuesday, 24 September 2019

Jurisdiction
IL

Duration
PERPETUAL

Agent Information

Name

THOMAS E SULLIVAN

Address

2900 DUKANE DRIVE, SUITE 2
ST. CHARLES, IL 60174

Change Date

Tuesday, 24 September 2019

Annual Report

For Year

Filing Date

00/00/0000

Managers

Name

Address

CARTONCRAFT, INC.
2900 DUKANE DRIVE, SUITE-2
ST. CHARLES, IL 60174

Old LLC Name

12/02/2019

CCI ACQUISITIONS, LLC

Series Name

NOT AUTHORIZED TO ESTABLISH SERIES

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

Thomas E. Sullivan

Attorney at Law
2900 Dukane Drive, Ste. 2
St. Charles, IL 60174

(630) 292-1776
Fax: (630) 377-1240
tsullivanlaw@gmail.com

March 31, 2020

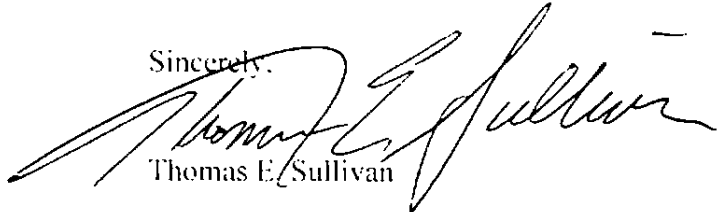
Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Re: CCI Acquisitions, LLC name change to Victor's Die Cutting, LLC
Ref. No. M20000000123

Dear Sir or Madam:

Per your request, I return the enclosed Application for Amendment with accompanying documents including a copy of the Filed Articles of Amendment from Illinois. Our check in the amount of \$60 was previously tendered and was not returned to us. If you have any questions, please contact me. Thank you.

Sincerely,


Thomas E. Sullivan

Form **LLC-5.25**

Illinois
Limited Liability Company Act
Articles of Amendment

FILE #: 0812680-1

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Filing Fee: \$50
Approved By: TLB

FILED
Dec 02, 2019
Jesse White
Secretary of State

1. Limited Liability Company Name:

CCI ACQUISITIONS, LLC

2. These Articles of Amendment are effective on the file date.

3. The Articles of Organization are amended to change the name of the limited liability company as follows:

New Name:

VICTOR'S DIE CUTTING, LLC

4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated Dec 02, 2019
Month/Day Year

THOMAS E SULLIVAN
Name

SECRETARY
Title

CARTONCRAFT, INC.

If the applicant is a company or other entity, state name of company.