

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GEITZ-VINFOIL AMERICAS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

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Help

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: Geitz-Vinfoil Americas, 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: M21000001312  
  
3. Jurisdiction of its organization: Delaware  
  
4. Date authorized to do business in Florida: 02/01/2021

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

5. New name of the limited liability company: Geitz-Vinfoil Americas, 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:

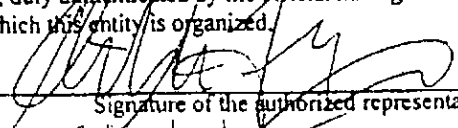
\_\_\_\_\_

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  
 Christopher Leary  
 \_\_\_\_\_  
 Typed or printed name of signer

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 CORRECTION OF "GEITZ-VINFOIL AMERICAS, LLC". CHANGING ITS NAME FROM "GEITZ-VINFOIL AMERICAS, LLC" TO "GIETZ-VINFOIL AMERICAS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2021, AT 1:17 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

4915922 8100  
SR# 20210561550

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

Authentication: 202564897  
Date: 02-22-21

**State of Delaware  
Certificate of Correction  
of a Limited Liability Company  
to be filed pursuant to Section 18-211(a)**

1. The name of the Limited Liability Company is: Geitz-Vinfoil Americas, LLC
2. That a Certificate of Formation was filed by the Secretary of State of Delaware on February 1 2021, and that said Certificate requires correction as permitted by Section 18-211 of the Limited Liability Company Act.

3. The inaccuracy or defect of said Certificate is: (must give specific reason)

The name of the Limited Liability Company was misspelled.

4. The Certificate is hereby corrected to read as follows:

The name of the limited liability company is Gietz-Vinfoil Americas, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 22nd day of February, A.D. 2021

By: 

Authorized Person

Name: Leonard J. Brenner

Print or Type