N17000000 353

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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08/30/19--01010--009 **35.00



Amend

CEP 1 ! ZOING LALBRITTON:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:			
N17000000353 DOCUMENT NUMBER:			<u>-</u>
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
DAVID HUPPERT			
	(Name of Contact F	erson)	
	(Firm/ Compar	ny)	
10400 GRIFFIN ROAD STE 302			
	(Address)		
COOPER CITY, FL 33328			
	(City/ State and Zip	Code)	•
E-mail address: (to be us	ed for future annual re	eport notificati	on)
For further information concerning this matter, please	se call:		
DAVID HUPPERT	;	954 11	816-4877
(Name of Contact Perso		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department o	f State:
\$35 Filing Fee		Cer r is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address Amendment Section	Ī	Amendment Se	ction
District of Compositions	T	Division of Co	rporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PACK 460 CORP		
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	
N17000000353		
(Document)	Number of Corporation (if known)	
amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts to	he following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
		-8-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	.
(Mailing address MAT BE A POST OFFICE BOX		<u> </u>
		i : _
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	9:1:6
new registered agent and/or the new registered o	ffice address:	•
Name of New Registered Agent:		
	(Florida street address)	·
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept the obligations of the position	vn.
	Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CM	ALBERT VARGAS	250 SW 98 TERRACE
Add			PEMBROKE PINES, FL 33024
X Remove 2) Change	СМ	BRALIO CARDENAS	G501 NW 10th St. Pembroke Pines, FL 35024
X Add			Pembiolie P.nes, FL 35024
Remove 3) Change	T	DAVID HUPPERT	3262 RIDGE TRACE
XAdd			DAVIE, FL 33328
Remove 4) Change	<u>QM</u>	RICHARD COBERLY	17841 NW 15 Street Pembroke Pines, FL 33020
X Add Remove			12 mbroke lines, / C 23000
5) Change			
Add			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) her	<u>'e</u> :		
(attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) add	option:	, if other than th
date this document was signed.	i	
Effective date if applicable:	8/23/19	
	(no more than 90 days after amer	dment file date)
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of l.	of votes cast for the amendment(s)
There are no members or membadopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were
Dated	8/22/19	
Signature	man or vice chairman of the board, pres	ident or other officer-if directors
have not bee	en selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	e hands of a receiver, trustee, or
	Bruulio Cardenas	of person signing)
	(Typed or printed name of	or person signing)
	Cubmaster	
	(Title of pers	on signing)