# PD4000149327

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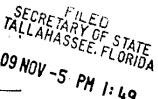
Amend 11/9/09

#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORI	PORATION: MULTIPACK, I	NC.	
DOCUMENT NU	MBER: P04000149327		
The enclosed Artic	cles of Amendment and fee ar	e submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		MARCO REIS	
	N.	ame of Contact Person	
	USA	TAX CORPORATION	
		Firm/ Company	
		591 E SAMPLE RD	
		Address	
·	POMA	APNO BEACH, FL 33064	
	Ci	tyl State and Zip Code	
	E-mail address: (to be	used tor tuture annual report notification	on)
ومها ما	,	·	,
For further informa	ation concerning this matter,	please call:	
MARCO REIS		at ( <u>954</u> ) <u>788 1818</u>	
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a checl	k for the following amount m	ade payable to the Florida Depart	ment of State:
X \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailin Ad Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e -

#### Articles of Amendment to Articles of Incorporation of



MULTIPACK, INC.		da Dept. of State
(Name of Corporation as curr	ently filed with the Flori	da Dept. of State
P04000149327		
(Document Nun	nber of Corporation (if kno	own)
Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	Clorida Profit Corporation adopts the following
a. If amending name, enter the new name of	the cori3oration:	
		The new
ame must be distinguishable and contain the observation "Corp.," "Inc.," or "Co.," or the constain the word "chartered," "professions to the contain the conta	lesignation "Corp " "Inc."	or "Co". A professional corporation name
3. Enter new principal office address, if app		
Principal office address MUST BE A STREE	ET ADDRESS)	
		<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	<u>:</u> CE BOX)	
<ol> <li>If amending the registered agent and/or r new registered agent and/or the new regi</li> </ol>		n Florida, enter the name of the
Name of the New Registered Agent:		
New Registered Office Address:	. (Florida street d	adduses)
rear registered office radicess.	. (Fioriau street)	nuaress)
er er		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changi	ng Registered Agent:	
hereby accept the appointment as registered of		nd accept the obligations of the position.
	Signature of New Registere	ed Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	NETO, JOELSON T	17908 SW 141 CT MIAMI, FL 33177	Add ☑ Remove
<u> </u>			☐ Add ☐ Remove
(attach addi ARTICLE VII		cles, enter change(s) here: (Be specific) AND/OR DIRECTOR(S) OF THE CORPO A TAVARES TO PRESIDENT.	RATION:
		-	
F. If an amer provision (if not	ndment provides for an exch s for implementing the ame applicable, indicate N/A)	nange, reclassification, or cancellation on and and an an and an	f issued shares. nent itself:
•			
	-		
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	·

The date of each amendmen	
	(date of adoption is required)
Effective date <u>if applicable:</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
<del></del>	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
· · ·	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	55
·	(voting group)
action was not required.  The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated <u>09/09</u>	V2009
şel	y a firector, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
· · ·	JOELSON T NETO
	(Typed or printed name of person signing)
,	PRESIDENT
	(Title of person signing)

ţ

### OFFICER/ DIRECTOR RESIGNATION FOR A CORPORATION

	Date: 09/09/2009
[, JOELSON T NETO	hereby resign as PRESIDENT
	(Title)
Of MULTIPACK, INC.	,
(Na	me of Corporation)
P04000149327 (Document Number, IF Kno	a Corporation organized under the laws of own)
FLORIDA	·
	(Signature of resigning officer)

Florida Department of the State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314