(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SEP. 3 0 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOLLO CU	P PACKERS, IN	1C
DOCUMENT NUM	_{BER:} P1300009319	4	
	s of Amendment and fee are su		
Please return all corre	espondence concerning this mat	tter to the following:	
	INNA VORONA		
	CORONA TAX S	Name of Contact Person	1
	3363 NE 163RD	Firm/ Company STREET STE 5	06
	N. MIAMI BEACH	Address 1, FL 33160	
		City/ State and Zip Cod	e
For further informati	E-mail address: (to be us on concerning this matter, pleas	sed for future annual report	notification)
Name	of Contact Person	at (de & Daytime Telephone Number
	or the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Divisiç Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation

FILED 14 SEP 22 PM 1:36

SOLLO CUP PACKERS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000093194 (Document Number of Corporation (if known)

endment(s) to

A. If amending name, enter the new name of the corpo	oration:	
	"corporation," "company," or "incorporated" or the c "Inc." or "Co". A professional corporation name must breviation "P.A."	
B. Enter new principal office address, if applicable:	620 NW 2 AVE	
(Principal office address MUST BE A STREET ADDRE	FORT LAUDERDALE, FL 3331	_ 1 _
C. Enter new mailing address, if applicable:	620 NW 2 AVE	-
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FT. LAUDERDALE, FL 3331	 1 _
	FT. LAUDERDALE, FL 3331	 1 _ _
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	FT. LAUDERDALE, FL 3331	 1
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent	FT. LAUDERDALE, FL 3331 I office address in Florida, enter the name of the fice address: (Florida street address)	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	FT. LAUDERDALE, FL 3331 I office address in Florida, enter the name of the fice address: (Florida street address)	-

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)

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:		ny control of the con				
X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	SHIPULYA, EVGENY	2880 W. OAKLAND PARK			
Add			BLVD., STE 225C			
Remove			FT.LAUDERDALE, FL 3331			
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change	·-					
Add						
Remove						

. <u>If</u> (A	. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
		<u> </u>		<u> </u>	 -			
								
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							<u> </u>	•
			-			 .		
	<u> </u>	<u>,</u> ,	_ _					
					_ 			
. 11	f an amendme	nt provides for	an exchan	ge, reclassific	eation, or ear	ncellation of is	ssued shares.	
1	provisions for	implementing licable, indicate	the amenda	ment if not co	ontained in t	he amendmen	t itself:	
	(у ног аррг	псате, такак	2 19/21)					ů.
								, _
	<u> </u>							
					· · · · · · · · · · · · · · · · · · ·			
								
						····		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	6/99/9044	
Effective date <u>if applicable</u> : U	6/22/2014 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_ <i>09/</i>	(18/2014 lleengee	
Signature $_{\mathcal{L}}$	lleengee	
(By :	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	SHIPULYA EUGCNY (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	