P19000 (008 0098
(Requestor's Name) (Address) (Address)	600332667546
(City/State/Zip/Phone #)	08/05/1801021015 +*30.00
Certified Copies Certificates of Status	FILED 19 AUG - 5 AHTI: 26 SECRETARY OF STATE FALLAHASSEF, FLORIDA
Office Use Only	RUB 12 ITT T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

Please return all correspondence concerning this matter to the following:

FARAH CRUZ	
 Name of Contact Person	
FAIL SAFE ACCOUNTING LLC	
 Firm/ Company	
20 SOUTH ROSE AVENUE SUITE #4	
 Address	
KISSIMMEE, FLORIDA 34741	
 City/ State and Zip Code	
FARAH@FAILSAFETAX.COM	

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

For further information concerning this matter, please call:

WI	LMER PUJOLS	617 at (331-8144
Name	e of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SP-PACK PACKAGING MACHINERY CO

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

P19000008098

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(: its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C.	Enter new mailing address, if applicable:
	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D.	If amending the registered agent and/or registered office address in Florida, enter the name of the	
	new registered agent and/or the new registered office address:	5

Name of New Registered Agent

(Florida street address)

<u>New Registered Office Address</u>:

(City)

(Zip Code)

. Florida

r;o

The new

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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, a 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 Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Chan-Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D		246 Keswick Ave.
X Add			Davenport, Florida 33897
Remove			
2) Change			
Add			
Remove			
3) Change			AUG -5
Add			~~ ¹
Remove			
4) Change			ALE DRIDA
Add			
Remove			
5) Change			
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Auach additional sheets, if necessary). (Be specific)		
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If an amondment provides for an overlange, reglessification, or cancellation of issued shares		_
provisions for implementing the amendment if not contained in the amendment itself:	· · · · · · · · · · · · · · · · · · ·	AH []: 26
endment provides for an exchange, reclassification, or cancellation of issued shares, ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate NAY	£ £	•••
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The date of each amendment(s) adoption: _____ if other than date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by _____(voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. 🔀 The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. G AUG 7/31/2019 Dated____ ىرى. Winger Duide 11 Signature ____ (By a director, president or other officer – if directors or officers have not been- ω selected, by an incorporator - if in the hands of a receiver, trustee, or other courtsŝ appointed fiduciary by that fiduciary) 02 WILMER PUJOLS (Typed or printed name of person signing) PRESIDENT (Title of person signing)