# P23000056661

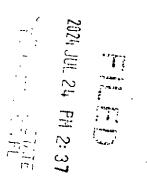
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100431392511

08/18/24--01028--008 \*\*35.00



AB

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KIND PACK US I	NC	\$ *** *** *** *** *** *** *** *** *** *	
	BER: P23000050061			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Angela Guan			
		Name of Contact Persor		
	GABLES ESTATES BUSINESS ADVISORY CO.			
		Firm/ Company		
	396 ALHAMBRA CIR, SUI	TE 200		
		Address		
	CORAL GABLES, FL 33134			
		City/ State and Zip Code		
	aguan@gecpas.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Angela Guan		305		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

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

L.	IN IN	PACK	LIC	INST
٨.	DND.	LAUK	US	LiNE

	of Corporation as currently filed with the Florida	Dept. of State)
P23000050061		1 A. Fin
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporati</i>	ion adopts the following antendment(s)
A. If amending name, enter the new na	ame of the corporation:	SE S
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association,"	the word "corporation," "company," or "incorpora Torp," "Inc," or "Co", A professional corporati For the abbreviation "P.A."	The new ued" or the abbreviation "Corp.," ion name must contain the word
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)  D. If amending the registered agent an	icable:  OFFICE BOX)  Id/or registered office address in Florida, enter the	e name of the
new registered agent and/or the nev	w registered office address:	
Name of New Registered Agent	BOCKNEK, ROBERT	
	22376 DUPREE DR.	<del></del>
	(Florida street address)	
New Registered Office Address:	LAND O' LAKES	34639
Men Registered Office Address.	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if cl hereby accept the appointment as regist	hanging Registered Agent: ered agent - I am familiar with and accept the obliga	ations of the position.

#### Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Add

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: $\underline{X}$ Change <u>PT</u> John Doe $\underline{V}$ X Remove Mike Jones <u>X</u> Add $\underline{SV}$ Sally Smith Type of Action <u>Title</u> Name Address (Check One) BOCKNEK, LLZ. 22376 DUPREE DR. 1) \_\_\_\_ Change LAND O' LAKES, FL 34639 Add Remove 2) X Change BOCKNEK, ROBERT 22376 DUPREE DR. LAND O' LAKES, FL 34639 \_\_\_ Add Remove 3 ) \_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove 6) \_\_\_\_ Change

Attach additional sheets, if necessary).	icles, enter change (Be specific)			
		•		
	<del></del>			
* *****		****		
		•		
· · · · · · · · · · · · · · · · · · ·				
f an amendment provides for an excl	nange, reclassifica	tion, or cancellati	on of issued share	<u>.s.</u>
provisions for implementing the ame (if not applicable, indicate N/A)	nament if not con	tained in the ame	nament itsen:	
		* *	· · · · · · · · · · · · · · · · · · ·	
		· · ·		

The date of each amendment(s) adoption:	$\frac{5/31/2014}{}$ if other than the
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 applica document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or be action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throw must be separately provided for each voting group entitled to verify the same of the second	
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by	
(voting group)	<del></del>
Dated 7/19/2024	
Signature	er – if directors or officers have not been
selected, by an incorporator - if in the	hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
BOCKNEK, LI Z.	
(Typed or printed na	ame of person signing)
PRESIDENT	
(Title of person sign	uing)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2024

ANGELA GUAN 396 ALHAMBRA CIR SUITE 200 CORAL GABLES, FL 33134

SUBJECT: KIND PACK US INC Ref. Number: P23000050061



We have received your document for KIND PACK US INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 324A00014981

Anissa Butler Regulatory Specialist II