P95000019409

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Atlantic Binding ar	nd Laminating, Inc.	
DOCUMENT NUMI	BER: P95000019409		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Vicki Aronson		
		Name of Contact Person	
	Atlantic Binding and Lamina		
		Firm/ Company	
	2200 North Commerce Parky	vay Suite 200	
		Address	
	Weston, FL 33326		
		City/ State and Zip Code	•
	VICKI@ATLANTICBINDII E-mail address: (to be us	NG.COM sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Vicki Aronson		at (954) 349-0200
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	irtment of State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

to

Atlantic Binding and Laminating, Inc.	
(Name of Corporat	ion as currently filed with the Midrita Dipt. of State 43
P95000019409	SECRETARY OF STATE
(Docu	ment Number of Corporation (if KNOYO)AHASSEE, FL
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the c	orporation:
	The new
name must be distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp." "Inc. "chartered." "professional association." or the abbr	corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicabl	e:
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	bine address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Negatives Office Attended	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent: I am familiar with and accept the obligations of the position.
1 nereny accept the appointment as registered agent.	Tam familiar with and accept the configutions of the position.
Sign	nature of New Registered Agent, if changing
Check if applicable	
Сисск и аррисание	

☐ 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)

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Atta	ch additional sheets,	if necessary).	(Be specific)				
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						<u></u>	
	amendment provide visions for impleme						
<u> </u>	(if not applicable, ir	idicate N/A)	nument ii not	contained in the	e unichament	<u> </u>	
vner	hip:						
				·			
cki I	. Aronson 50% of th	e shares					
rrv I	Aronson 50% of th	e shares					
		- 2		·			

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The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: March 10, 2021 (no more than 90 days after amendment file date)
(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 the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Signature (By a director, president or other officer – 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)
Vicki B. Aronson
(Typed or printed name of person signing)