

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT TO APPLICATION FOR AUTHORITY

Read the Instructions C115i

1.	ords:								
	Orora Packaging Solutions, Inc.								
	*** CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND *** *** COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE. ***								
2.	X	NAME CHANGE - NAME IN STATE OR COUNTRY OF INCORPORATION (Foreign Name) — enter the exact NEW name of the foreign corporation:							
	Ver	Veritiv Packaging Solutions							
	*** If the new name is not available for use in Arizona or if a corporate identifier must be added to it for use in Arizona, complete number 3 below (complete both number 2 and number 3); otherwise leave number 3 blank.								
3.	×	NAME CHANGE - NAME USED IN ARIZONA (ENTITY NAME) - identify the name the foreign corporation is changing by checking 3.1 or 3.2 (check only one), and follow the instructions:							
3.1	X	Name in state or country of incorporation, with a corporate identifier added to it – Enter the NEW name in number 3.3 below.	corporation's name incorporation is not	eck this <i>only if</i> the foreign in its state or country of available for use in Arizona) – e in number 3.3 below.					
3.3	If y	you checked 3.1 or 3.2, enter or print the NEW name	to be used in Arizona:						
Verit	Veritiv Packaging Solutions, Inc.								
4.	FOREIGN DOMICILE CHANGE – list the NEW domicile state or country: Give the NEW physical or street address (not a P.O. Box) of the foreign corporation required to be maintained in its new state or country of incorporation, or, if not so required, of the foreign corporation's statutory or registered agent in its new state or country of incorporation:								
		Attention (optional) Address 1 Address 2 (optional)	State or Province	Zip					
		Country	Tiornice						

5.		DURATION CHANGE – the NEW duration or life period of the foreign corporation is (check only one):						
			Perpetual.					
			Ends on this date:	enter a date).				
6. AMENDMENT PURSUANT TO A.R.S. § 10-1504(B)(4) - see Instructions C115i.								
SIGNATURE: By my signature below, I acknowledge <i>under penalty of law</i> that this document together with any attachments is submitted in compliance with Arizona law.								
[6	Docusia Huu TERNEAS	n Co	nnelly	Colleen Connelly	Α	pril 7, 2025		
REQUIRED - check only one:								
				X				
				document	I am a duly authorized Bankruptcy trustee , receiver, or other courtappointed fiduciary for the corporation filing this document.			

Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cover sheet for prices.

Filing Fee: \$25.00 (regular processing)

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007

Fax (for Regular or Expedite Service ONLY): 602-542-4100

Fax (for Same Day/Next Day Service ONLY): 602-542-0900

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



California Secretary of State

Business Programs Division 1500 11th Street, Sacramento, CA 95814

Request Type: Certified Copies

Entity Name: VERITIV PACKAGING SOLUTIONS

Formed In: CALIFORNIA Entity No.: 0254062

Entity Type: Stock Corporation - CA - General

Issuance Date: 04/02/2025

Copies Requested: 1 Receipt No.: 009752962 Certificate No.: 313179430

Document Listing

Reference # B3425-4432

Date Filed 04/02/2025 Filing Description

Number of Pages

Amendment

****** End of list *******

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, do hereby certify on the Issuance Date, the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on April 02, 2025.

> SHIRLEY N. WEBER, PH.D. Secretary of State

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



Secretary of State

For Office Use Only

-FILED-

File No.: BA20250694558

	of Articles of Incorporation	STK-NA		Date Filed: 4/2/2025					
	Name Change Only - Stock								
Filing Fee - \$30.									
Certified Copy F	ee (Optional) - \$5.00	This Space For Office Use Only							
Corporation Name (Enter the exact name of the corporation as it currently is recorded with the California Secretary of State.) ORORA PACKAGING SOLUTIONS			2. Secretary of State Entity Number 0254062						
3. New Corpora	3. New Corporation Name								
Enter the number, letter or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "1.", "I", "First", or "One").									
	of the Articles of Incorp	oration is an	nended to read:						
The name	of the corporation is VERITIV PACK	AGING SOLUT	rions						
4. Approval Sta	famanta								
			Adlatas of Innova-						
	d of Directors has approved the amen	ament of the	Articles of Indorpo	oration.					
4b. Shareholder approval was (check one): By the required vote of shareholders in accordance with California Corporations Code section 902.									
The to	tal number of outstanding shares of ti	ne corporation	n entitled to vote is	100					
	The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.								
OR									
Not re	quired because the corporation has r	o outstandin	g shares.						
Read, sign and date below (Both lines must be signed.)									
	r penalty of perjury under the laws of								
are true and correct of our own knowledge and we are authorized by California law to sign.									
		,							
3/31/2025 Date	Signature (Do not leave blan	W	Kelly-Barlow Type or Print	Name of President					
Dala	Oignature (Do not page plant	',/	1360 OLLINI	THE THE STATE OF T					
3/31/2025	(ollow conn	llh	Colleen Conne	lly					
Date	Signature (Do not leave blan	k)	Type or Print	Name of Secretary					

AMDT-STK-NA (REV 11/2024)

2024 California Secretary of State bizílie.sos.ca.gov