Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000256073 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

S

ä'n

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : 120130000076 : (305)388-7028 redmuK xe3 : (305)479-2703

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PPAM OPERA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PPAM OPERA, LLC		
(Name of the Lin	nited Liability Company as it now appe (A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Florida document numberL14000121097	Liability Company were filed on _	08/01/2014	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		ਰ 📜
(Principal office address MUST BE A STREET ADDRESS)		00	
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E ROXI		<u> </u>
ENABLING STREET BEINT OF OX TOO	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered	office address here:	n our records, <u>ent</u> s	er the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or revoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GRACIELA P DAMIANI	1750 N BAYSHORE DR # 2905	
		MIAMI, FL 33132	■ Remove
			Change
AMBR	MARIA A DAMIANI	1750 N BAYSHORE DR # 2905	□ Add
		MIAMI, FL 33132	■ Remove
			Change
AMBR	MARTIN I DAMIANI	1750 N BAYSHORE DR # 2905	
		MIAMI, FL 33132	■ Remove
		***	☐ Change
AMBR	PAULA B DAMIANI	1750 N BAYSHORE DR # 2905	□ ARU ARU
		MIAMI, FL 33132	OCT Remove :
			□ Chânge 光光
horized Represer	ntative CLAUDIO A MINONES	500 BAYVIEW DRIVE # 220	
		SUNNY ISLES BEACH, FI.	Remove
		33160	□ Chânge
MGR.	CLAUDIO A MINONES	500 BAYVIEW DRIVE # 220	₩ Add
		SUNNY ISLES BEACH, FL	
	33160	Change	

·		
	· · · · · · · · · · · · · · · · · · ·	
-		
	10 19 2016	
fective da	e, if other than the date of filing:(optional) to is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	MOT MYS
record s	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed feetive date on the Department of State's records.  Decifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is flight.	
ine som	day area are record is med.	
	10-13-2016	
sted		
eted	1 VIII VIII	
ated	Signature of a mornber or authorized representative of a mornber	15 (
ated	Signature of a months or authorized representative of a monther  CLAUDIO A MINONES	15 OCT
	CLAUDIO A MINONES	