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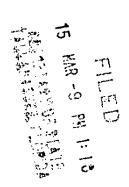
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M. MILLIGAN EXAMINER

MAR 2 5 2015

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PAP HOLDINGS LLC	
Name of Limite	d Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter	to the following:
G. FRANK QUESADA ESQ	
Name of Person	
QUESADA LAW	
Firm/Company	
1313 PONCE DE LEON BLVD - SUITE 200	
Address	
CORAL GABLES, FL 33134	
City/State and Zip Code	
GFQ@QUESADALAW.NET	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please ca	ા!
G. FRANK QUESADA	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	PAP HOLDIN	GS, LLC		
(Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Life Florida document number L05000108872	iability Company	were filed on 11/09/20	and assigned	
This amendment is submitted to amend the following	owing:		*	
A. If amending name, enter the new name of	f the limited liab	pility company here:		
The new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	Enter new principal offices address, if applicable:		AVENUE	
(Principal office address MUST BE A STREE	T ADDRESS)	POMPANO BEAC	H, FL 33069	
Enter new mailing address, if applicable:		840 S ANDREWS	AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)		POMPANO BEACH, FL 33069		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			ecords, enter the name of the new	
New Registered Office Address:	<u> </u>	Enter Florida stree	l 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OMAR BARBOZA	4215 SABAL RIDGE CIRCLE	Add
		WESTON, FL 33331	Remove
			□ Add
			□ Remove
			Add
			□ Remove
			□ Adá
			□ Remove
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			☐ Remove
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The effective date the date this doc	must be specific, coment is filed by the	annot be prior to de Florida Departme	ate of receipt or filed ent of State) 2015	date and cannot be me	ore than 90 days after
The effective date the date this doc Febr	must be specific, coment is filed by the	annot be prior to de Florida Departme Signature of a	ate of receipt or filed ent of State) 2015 , member or authorize	9 1	member

Page 3 of 3

Filing Fee: \$25.00