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EXAMINER



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10/15/08--01017--015 **25.00

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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Secti Division of Corpo	on rations					
SUBJEC	T: PAP	PAS PROPERTIES PAU (Name of Limited Liability Company)	n Beach, LLC				
The encl	losed Articles of An	nendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:							
	·	JAMES A. DAT	PPAS				
		(Firm/Company)					
		411 7 ^h Sr. (Address)	units 5+6				
		WEST PAIN BEA (City/State and Zip Code)	10n. FL 33401				
For further information concerning this matter, please call:							
	SAMES (Name of I	A PAPPAS at S21) S7 Person) (Area Code	2.8959 & Daytime Telephone Number)				
Enclose	d is a check for the	following amount:					
\$25.0	00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is	Certificate of Status &				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	2/12/2008 and assigned	:d
Florida document number <u>L08000015450</u> .	, , , , , , , , , , , , , , , , , , ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here	•	
The new name must be distinguishable and end with the words "Limited Liability Compan" L.L.C."	y," the designation "LLC" or the abbre	viati
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	VIS VIS	
	00 92 P	
	15 OF C	
Enter new mailing address, if applicable:	3 50	
(Mailing address MAY BE A POST OFFICE BOX)	ਰ 30	
	32 A	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ir records, <u>enter the name of th</u>	ie no
Name of New Registered Agent:		
New Registered Office Address:		
-	er Florida street address)	

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 608, 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.

(City)

(Zip Code)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
M6R	MARIANNE CHOPP	411 7- Sr. Units SEC WEST PALM BEACH: FL	Add Remove
MGR	KAREN MARCUS (La	<u> </u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.))
Dated Oc	hober 14 , 26	58 / M	
	JAMES A.	or authorized representative of a member ADDAS or printed name of signee	······
		Page 2 of 2	

Filing Fee: \$25.00