

L080000082286

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H08000263891 3)))



H080002638913ABC4

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:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 26 AM 8:46

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PP & PF, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

G. MCLEOD

EXAMINER

RECEIVED

08 NOV 26 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H080002638913

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PP & PE, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 28, 2008 and assigned Florida document number LO8000082286.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 26 AM 8:46

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida 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 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.

CLARA GIRÁLDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

(If Changing Registered Agent, Signature of New Registered Agent)

H080002638913

H08 000 263 8913.

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
-------	------	---------	----------------

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

MGR	Fangrak, Ponsuda	134 NE 2nd Ave Miami, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
-----	------------------	-----------------------------------	--

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

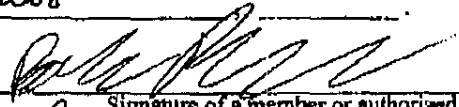
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Delete: MGR Fangrak, Ponsuda

Dated 11/05/2008

x 
Signature of a member or authorized representative of a member
Phasawadee Ponsuda
Typed or printed name of signer

H08 000 263 8913.