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ESECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	GRUPPO PAPPAS II, LLC				
	Name of Limited Liability Company				
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this matter to the following:				
Roland Sanchez-Medina					
Name of Person					
Sanchez-Medina, Gonzalez, Quesada, Lage et al.					
Firm/Company					
201 Alhambra Circle, Suite 1205					
	Address				
	Coral Gables, FL 33134				
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For furthe	er information concerning this matter, please call:				
	Name of Person at (
Enclosed	is a check for the following amount:				
\$25.00	O Filing Fee \$\ \begin{array}{c} \$30.00 \text{ Filing Fee & } & \$\$55.00 \text{ Filing Fee & } & \$\$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status & } \\ \text{Certified Copy } & \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{array} \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{array}				

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

GRUPPO PAP	PAS II, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.	
·	, , ,		
The Articles of Organization for this Limited Liability Company v	vere filed on	06/26/2012	and assigned
Florida document numberL12000084290			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:	:	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company	y," the designation "Ll	LC" or the abbreviation
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)			_
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:		ır records, enter th	ie name of the new
Name of New Registered Agent:		TÄLL	12.
New Registered Office Address:		A HA	
	Ente	r Florida street addr	e Billi
	City	, Florida _ 	Zip Dode
New Registered Agent's Signature, if changing Registered Agent:		RIDA	09 09

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.

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Cristina Montiel	9601 Collins Avenue, Apt 607 Bal Harbour, FL 33154	Add Remove
MGR_	Patricia Pappaterra	55 SE 6th Street, Apt 4204 Miami, FL 33131	Add Remove
MGR_	Andrea Baena	50 Biscayne Blvd., Apt 2006 Miami, FL 33132	Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amen	ading any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	
_			
-	Luku 40		
Dated	July 12 Reco	, <u>2012</u> . Le le	
	Signature of	a member or authorized representative of a member Roland Sanchez-Medina	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00