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(Ad	dress)	
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(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE. FLORIDI

N COOPER MAR 2 8 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PP INVESTORS LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDRE VIANA POETERA Name of Person
Name of Person
PPINUESTORS LLC Firm/Company
Firm/Company
5829 NW 108th PL Address
Address
DOEN / FL 33178
DOEN / FL 33178 City/State and Zlp Code AUPO 2 TELA 27 @ GMAIL - COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDRE VIAVA PORTETA at 305 6074745 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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**

PP investors	LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:		38 38
(Principal office address MUST BE A STREET ADDRESS)	HAR R	CRE
	8 2	AS
		335
Enter new mailing address, if applicable:	AM .	77.00
(Mailing address MAY BE A POST OFFICE BOX)		TATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of t	he new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Desirate and Assemble 61	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 removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	ANDRE VIANA PORTETA	SBZ9 NW 1087/C	□ Add
		DOKAR -FL-53178	🗆 Remove
			Change
462	MARIA ADZINA SCHNER!	5829 HW 10872 PL	□ Add
	You teld	5829 HW10872 PL DORM, FL 33178	Remove
			Change
uch	RICARDO MAÑA PASSOS	Dorn, A, 35178	Add
		Doen A, 35178	□ Remove
			□ Change
MCC	Chistina Pinto Passon	5829 nu 1082 A	_□ Add
		DOWN, CC, 33178	□ Remove
			Change
			□ Add
			Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

NEW SHME SMCK ANDLE VIANA PORTA - 305. MANGA ADE'CLA SCHAPP, BITETA - 205. BRAZINO MAIA PASSOS - 25% CN'STOWA PININ PASSOS - 25%
MANIA ADE'CA SCHAPB, BITHTA - 205. RECARDO MAIA PASSOS - 25% CN'STONA PININ PASSOS - 25%
CN'ShuA PiNIN PASSES - 25%
CN'SANA PININ PASSES - 259

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Filing Fee: \$25.00