

L16000158746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2016 SEP -6 2016 SEP -6 AM 11:02
TALLAHASSEE, FLORIDA
SECRETARY OF REVENUE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAPA LEASING 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:

RAYMOND MARIN

Name of Person

HIXSON, MARIN, DE SANCTIS & CO

Firm/Company

20900 W DIXIE HWY

Address

AVENTURA, FL 33180

City/State and Zip Code

RAYMONDM@HMDCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYMOND MARIN

305

944-7001

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 P 3:48

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

PAPA LEASING 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 08-24-2016 and assigned
Florida document number L16000158746.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PAPA PAPA LEASING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

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 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA
 CLERK OF DISTRICT COURT

2018 SEP -6 P 3:48
TALLAHASSEE FLORIDA

2016 SEP -6 P 3:48
TALLAHASSEE, FLORIDA

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U.S. DEPARTMENT
OF JUSTICE
WASHINGTON, D.C.
20535

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUT 26, 2016

Agnes J. Maynard

Signature of a member or authorized representative of a member

STEPHEN D MOYNIHAN

Typed or printed name of signee