

L24000191596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

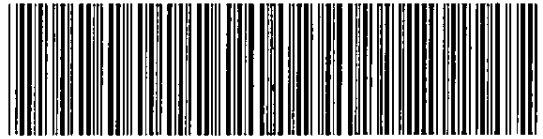
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAP MD 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:

HAMMAD RAHMAN

Name of Person

PAP MD LLC

Firm/Company

9600 S DIXIE HWY #1401

Address

MIAMI, FL 33156

City/State and Zip Code

imran@amzaaccountant.com

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

For further information concerning this matter, please call:

Imran Yusu

at (718) 891-1600

Name of Person

Area Code

Daytime Telephone Number

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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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

PAP MD 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 APRIL 24, 2024 and assigned  
Florida document number L24000191596.

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 contain 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)

**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:

HAMMAD RAHMAN

New Registered Office Address:

9600 S DIXIE HWY #1401

*Enter Florida street address*

MIAMI

Florida

*City*

33156

*Zip Code*

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**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>
AMBR	BELZAR LLC	1738 SW 57TH AVE UNIT #A248	<input type="checkbox"/> Add
		MIAMI FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THE HENKEL GROUP LLC	4610 CHIRPING CRICKET AVE	<input type="checkbox"/> Add
		LAS VEGAS NV 89141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAMMAD RAHMAN	9600 S DIXIE HWY #1401	<input checked="" type="checkbox"/> Add
		MIAMI FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: September 1, 2007  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b), this date will not be listed if the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 29, 2024

Hayden

Signature of a member or authorized representative of a member

HAMMAD RAHMAN

Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE FL  
Original 605.0207 (3)  
All listed as the