

M15000002078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

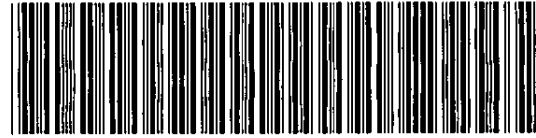
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE: 05-22-15**

**NAME: ALDEN GP-WILLOW CREEK, LLC**

**TYPE OF FILING: NAME CHANGE AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pacific GP-Willow Creek, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Morales

Name of Person

Capitol Services - Corporate Filing Team

Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

regagent@capitol-services.com

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

For further information concerning this matter, please call:

Tara Morales at ( 800 ) 345-4647  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Pacific GP-Willow Creek, LLC

2. The Florida document number of this limited liability company is: M15000002038

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/18/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Alden GP-Willow Creek, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. 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*

MAY 22 AM 9:17  
FILED

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*

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

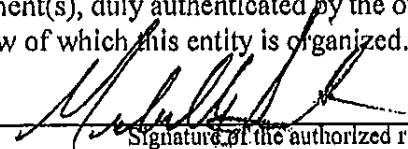
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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FILED  
 15 MAY 22 AM 9:17

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

**Michelle Austin**  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PACIFIC GP-WILLOW CREEK, LLC", CHANGING ITS NAME FROM "PACIFIC GP-WILLOW CREEK, LLC" TO "ALDEN GP-WILLOW CREEK, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2015, AT 3:10 O'CLOCK P.M.

5706512 8100

150766116

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2408540

DATE: 05-26-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:04 PM 04/29/2015  
FILED 03:10 PM 04/29/2015  
SRV 150585467 - 5706512 FILE

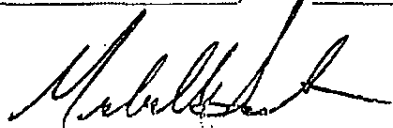
**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
Pacific GP-Willow Creek, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Company is hereby changed from Pacific GP-Willow Creek, LLC to Alden GP-Willow Creek, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 29th day of April, A.D. 2015.

By:   
Authorized Person(s)

Name: Michelle Austin  
Print or Type