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EXAMINER



4340

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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations			
SUBJECT: PCWTI,	LLC	•	F	
SUBJECT: 1 STATE	(Name of Limi	ted Liability Company)	<b></b>	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:	•	
			·	
	Thomas G. Styskal			
		(Name of Person)		
Kinley & Styskal				
		(Firm/Company)		
	OCCO Walnut Ave. Ota E			
,	2600 Walnut Ave., Ste. E	(Address)		
	Tustin, CA 92780	(City/State and Zip Code)	····	
		(City/State and Zip Code)		
For further information con	ncerning this matter, please ca	all:		
Thomas G. Styskal		at ( 714 ) 544-3163		
(Name of	Person)	(Area Code & Daytime To	elephone 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCWTI, LLC							
(Name of the Limiter	Liability Compan	y as it now a	appears on our reco	rds.)			
Ç	i i ionaa Emmoa E	uomity com	<i>, , , , , , , , , ,</i>				
The Articles of Organization for this Limited Liability Company were filed on 6/24/08					and assigned		
Florida document number L08000061707	·						
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name of	f the limited liabi	lity compai	y here:				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability (	Company," the design	nation "LLC" o	r the abbreviatio		
Enter new principal offices address, if applic	cable:	<del></del>					
(Principal office address MUST BE A STREE	ET ADDRESS)	<del></del>	- · · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:		7414 Soir	ee Way				
(Mailing address MAY BE A POST OFFICE BOX)		Reunion, Florida US 34747					
B. If amending the registered agent and/ registered agent and/or the new registered o			s on our records,	enter the na	me of the nev		
	James Peters	_	,	TALL	ر 80		
Name of New Registered Agent:	- James Peters			<u> </u>	<del></del>		
New Registered Office Address:	7414 Soiree W	'ay	(Enter Florida s	ンデン cys.	2 =		
			. '	m <u>e</u>	A III		
	Reunion	/C!'\	, Fio	rida <u>34747 </u>	<u></u>		
		(City)		72) On	Coase)		
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 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.

41 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Name Address** □ Add □ Remove **□** Add Remove Add Remove ☐ Add Remove Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 14 Signature of a member or authorized representative of a member Thomas G. Styskal, Attorney For PCWTI, LLC Typed or printed name of signee