

L12000151903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

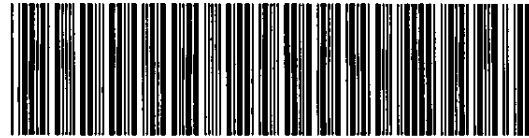
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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SEP 23 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCF GROUP 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:

PAUL LEWIS
Name of Person

PCF GROUP LLC
Firm/Company

13351-D RIVERSIDE DR #445
Address

SHERMAN OAKS CA 91423
City/State and Zip Code

P.LEWIS@UNITYFUNDRAISING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL LEWIS at (310) 295-9820
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

PCF GROUP 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 DEC 5 2012 and assigned Florida document number L12000151903.

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 end with 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)

1158 26TH ST #361
SANTA MONICA CA 90403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13351-D RIVERSIDE DR #445
SHERMAN OAKS CA 91423

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:

New Registered Office Address:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	DAVID KWAK	5516 BUFFALO AVENUE	<input checked="" type="checkbox"/> Add
		SHERMAN OAKS CA 91401	<input type="checkbox"/> Remove
MGR	JEAN RUONY	21530 SADDLE PEAK ROAD	<input checked="" type="checkbox"/> Add
		TOPANGA CA 90290	<input type="checkbox"/> Remove
MGR	PAUL LEWIS	13351 RIVERSIDE DR. SUITE D	<input checked="" type="checkbox"/> Add
		SHERMAN OAKS CA 91423	<input type="checkbox"/> Remove
AMBR	ALEX CHAVEZ	1332 S MAPLE ST	<input checked="" type="checkbox"/> Add
		SANTA ANA CA 92707	<input type="checkbox"/> Remove
AMBR	PALMER KIM	5412 WORTSER AVE	<input checked="" type="checkbox"/> Add
		SHERMAN OAKS CA 91401	<input type="checkbox"/> Remove
AMBR	BRENDA LAYANA	5516 BUFFALO AVE	<input checked="" type="checkbox"/> Add
		SHERMAN OAKS CA 91401	<input type="checkbox"/> Remove

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	KARA WENRICH	11662 CHANDLER BLVD.	<input checked="" type="checkbox"/> Add
		NORTH HOLLYWOOD CA 91601	<input type="checkbox"/> Remove
AMBR	JIM WOOD	2138 W. BROWNWOOD APT 4	<input checked="" type="checkbox"/> Add
		ANAHEIM CA 92801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

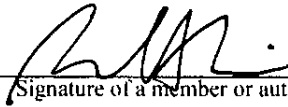
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.. **Def** amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 16, 2014



Signature of a member or authorized representative of a member

PAUL LEWIS

Typed or printed name of signee