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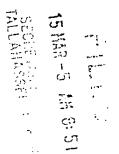
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'COVER LETTER

JEFF SZUKALSKI
6474 WELLINGTON DRIVE,
ORLANDO, FL 32819
CELL = 407-800-9999
EMAIL = GEOGOLF@GMAIL.COM
CALL ME ANYTIME WITH QUESTIONS.

JEFF

COVER LETTER

TO:	Registration Section Division of Corporation	ons			
SUBJI	ECT: Paci		West REIT d Liability Company	LLC	
The en	nclosed Articles of Amend	ment and fee(s) are submi	tted for filing.		
Please	return all correspondence	concerning this matter to	the following:		
		Jeff	Szukalski Name of Person		
		Pacific	Northwest RES	et LLC	
		6474	Wellington Dr. Address	SECOR	5 点
	_	Orlands	FL 31819 City/State and Zip Code 301F@ gmail. Co be used for future annual report notifi		35 F
		E-mail address: (to	10 Fa gmail. Co	cation)	5 M 8:51
For fu	rther information concern	ing this matter, please call:			01
	Jeff Szuk Name of Person	alski	at (457) 800-6 Area Code Daytime	7999 Telephone Number	
Enclos	sed is a check for the follo	wing amount:			
X \$2	25.00 Filing Fee S	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	

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

The Articles of Organization for this Limited Liability Company were filed on 3-3-20 H Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Same 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) 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: New Registered Office Address: Enter Florida street address Florida Zip Code City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** Rachelle Szukalski 6474 Wellington Dr pradd □ Add ☐ Remove □ Add ☐ Remove ☐ Add □ Remove □ Add ☐ Remove ☐ Add ☐ Remove

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•		
_	T 44	tive date, if other than the date of filing: Coption Coption	T
	(The eff	ective date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)	
	Dated	<u>₹</u> 3-2-2015,	
		Tell Dukalsk	
		signatule of a member or authorized representative of a member	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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