

L20 000384709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

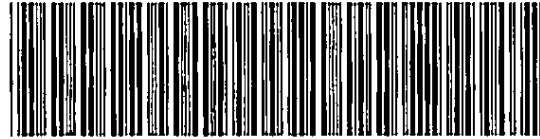
(Business Entity Name)

(Document Number)

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2020 DEC 30 PM 3:24

2/5/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Pacific Place 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:

Robert J. Black

Name of Person

Welbaum Guernsey

Firm/Company

7740 SW 104th Street

Address

Suite 204

City/State and Zip Code

Miami, FL 33156

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

For further information concerning this matter, please call:

Robert J. Black

Name of Person

at (**305**) **441-8900**

Area Code

Daytime Telephone 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 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**

PACIFIC PLACE 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 December 9, 2020 and assigned Florida document number L20000384709.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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>
MGR	Joseph B. Schrage	7725 SW 127th Street	<input checked="" type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer L. Schrage	7725 SW 127th Street	<input checked="" type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John M. Schrage	7725 SW 127th Street	<input checked="" type="checkbox"/> Add
		Pinecrest, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Pacific Place LLC is a Manager Managed limited liability company. Pacific Place LLC shall have three (3) Managers and each of the Managers have the authority to act on behalf of Pacific Place LLC. An act of a Manager on behalf Pacific Place LLC does not require the consent or joinder of all of the Managers. The authority of each of the Managers include but is not limited to the authority granted to a Manager under Chapter 605, Florida Statutes and as set forth in the Operating Agreement of Pacific Place LLC, as may be amended from time to time.

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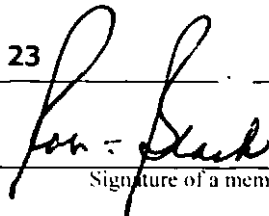
E. Effective date, if other than the date of filing: December 23, 2020 (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 23 2020



Signature of a member or authorized representative of a member

Robert J. Black, Authorized Representative of Pacific Place LLC

Typed or printed name of signer