

L11000096690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

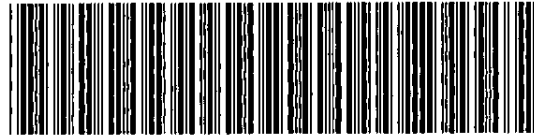
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**B. KOHR**

SEP 27 2011

**EXAMINER**



100212425561

09/28/11--01001--018 \*\*25.00

RECEIVED  
11 SEP 27 PM 4:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
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11 SEP 27 PM 5:25

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 09/27/11

REF. #: 002083.154787

CORP. NAME: PACIFICA EDISTO LAKE LLC

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DIVISION OF CORPORATIONS  
11 SEP 27 PM 5:25

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION  
 ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME  
 FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY  
 REINSTATEMENT       MERGER       WITHDRAWAL  
 CERTIFICATE OF CANCELLATION  
 OTHER:

STATE FEES PREPAID WITH CHECK# 541615 FOR \$ 25.00  
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PACIFICA EDISTO LAKE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on AUGUST 23, 2011 and assigned

Florida document number L11000096690

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

*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 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.*

. If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                                                                                                  | <u>Type of Action</u>                                                      |
|--------------|------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR          | DEEPAK ISRANI          | 1775 HANCOCK STREET<br>SUITE 200<br>SAN DIEGO, CA 92110                                                         | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | ASHOK ISRANI           | 1775 HANCOCK STREET<br>SUITE 200<br>SAN DIEGO, CA 92110                                                         | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Deepak Israni, Trustee | D Company, LLC Section 401(k)<br>Profit Sharing Plan and Trust<br>1775 Hancock St. #200, San Diego, CA<br>92110 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Ashok Israni, Trustee  | A Company, LLC Section 401(k)<br>Profit Sharing Plan and Trust<br>1775 Hancock St. #200, San Diego, CA<br>92110 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Sushil Israni, Trustee | S Company, LLC Section 401(k)<br>Profit Sharing Plan and Trust<br>1775 Hancock St. #200, San Diego, CA<br>92110 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                        |                                                                                                                 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_

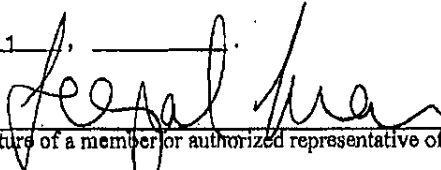
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: September 26, 2011



Signature of a member or authorized representative of a member

Deepak Israni, Gen. Manager

Typed or printed name of signee