

L11000096690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

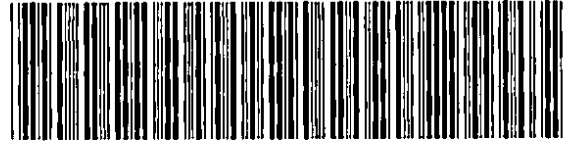
(Business Entity Name)

(Document Number)

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DATE: 12/18/19

NAME: PACIFICA EDISTO LAKE LLC

TYPE OF FILING: AMENDMENT

COST: 60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pacifica Edisto Lake 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:

Name of Person

Paracorp Incorporated

Firm/Company

155 Office Plaza Drive, 1st Floor

Address

Tallahassee, FL 32301

City/State and Zip Code

annualreports@myparacorp.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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**

Pacifica Edisto Lake 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 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 contain 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:

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2013 DEC 18 AM 10:43
TALLAHASSEE, FLORIDA

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Ashok Israni	1775 Hancock Street Suite 200	<input type="checkbox"/> Add
		San Diego, CA 92110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	Deepak Israni	1775 Hancock Street Suite 200	<input type="checkbox"/> Add
		San Diego, CA 92110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RM	Ashok Israni, Trustee	Ashok Israni and Lata Israni Family Trust	<input checked="" type="checkbox"/> Add
		1775 Hancock Street Suite 200	<input type="checkbox"/> Remove
		San Diego, CA 92110	<input type="checkbox"/> Change
RM	Deepak Israni, Trustee	Deepak Israni and Varsha Israni Family Trust	<input checked="" type="checkbox"/> Add
		1775 Hancock Street Suite 200	<input type="checkbox"/> Remove
		San Diego, CA 92110	<input type="checkbox"/> Change
RM	Akhil Israni, Trustee	Akhil Israni Irrevocable Trust	<input checked="" type="checkbox"/> Add
		1775 Hancock Street Suite 200	<input type="checkbox"/> Remove
		San Diego, CA 92110	<input type="checkbox"/> Change
RM	Amit Israni, Trustee	Amit Israni Irrevocable Trust	<input checked="" type="checkbox"/> Add
		1775 Hancock Street Suite 200	<input type="checkbox"/> Remove
		San Diego, CA 92110	<input type="checkbox"/> Change

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

Lined area for amending information.

Effective date, if other than the date of filing: _____ (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 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.

Effective date: December 16, 2019

Handwritten signature of Deepak Israni

Signature of a member or authorized representative of a member

Deepak Israni

Typed or printed name of signee