## B17000000297

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DATE:

5/9/18

NAME: PACIFICA TEXAS LP

TYPE OF FILING: AMENDMENT

COST:

52.50

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

absiettedy

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

SCURETAR OF STATE

CERTIFICATE OF	LIMITED PARTNERSHIP	(m) c) −m
	OF	T
PACIFICA TEXAS LP		9₹ <b>?</b>
	ile with Florida Department of State	- <del> </del>
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certif DECEMBER 5, 2017, assigned Floadopts the following certificate of amendment to	icate was filed with the Florida Dorida document number B17000000	epartment of State on
•	its certificate of minited partiters.	<b>up.</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the here:	<u>limited partnership or limited ljabi</u>	lity limited partnership
New name must be distinguis	nable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:  B. If amending mailing address and/or principrincipal office address here:	Limited Liability Limited Partnership, L	
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registence agent and/or registence office the new registered office agent and/or the new registered office agent and/or the new registered office agent and/or the new registered office agent	ered office address on our records, <u>e address here</u> :	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
,	, Florida	Zip Code
		np coue

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.

A STATE OF THE STA

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
MGR	NARESH KOTWANI	1775 HANCOCK ST., #200 SAN DIEGO, CA 92110	Add  Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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Effective date, if other than the da	te of filing:				حر:	
Effective date cannot be prior to nor mo State.) Note: If the date inserted in this block do	re than 90 days aj			•		ent o
Signature(s) of a general partne	r or all genera	l partner	<u>s*:</u>			
removing a "limited liability limited parti when adding or removing a "limited liabi	lity limited partne	rship" elect	tion statement.)	equires an gene	ar partiess	to sig
		-				
Signature(s) of all new or dissoci	ating general	<u>partner(s</u>	i), if any:			
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