

L10000052249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

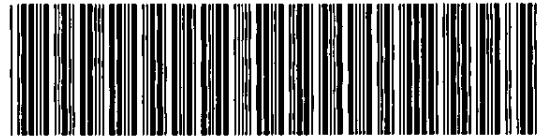
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200255302862

01/10/14--01002--012 **25.00

RECEIVED
SECRETARY OF STATE
JAN 9 2014
TALLAHASSEE, FLORIDA

2014 JAN -9 PM 2:20

RECEIVED
SECRETARY OF STATE
JAN 9 2014
TALLAHASSEE, FLORIDA

14 JAN -9 AM 10:28

FILED

JAN 10 2014

T. BROWN

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

1-9-14

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

LLC Amend

1. Pacifica Bridgewater LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PACIFICA BRIDGEWATER 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:

RICHARD PHILLIPS

Name of Person

PACIFICA COMPANIES

Firm/Company

1775 HANCOCK ST. STE 200

Address

SAN DIEGO, CA 92110

City/State and Zip Code

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:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 JAN -9 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PACIFICA BRIDGEWATER 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 MAY 14, 2010 and assigned
Florida document number L10000052249.

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 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, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Ashok Israni	1775 Hancock St., Ste 200 San Diego, CA 92110	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	A Company, LLC Section 401(k) Profit Sharing Plan and Trust	1775 Hancock St., Ste 200 San Diego, CA 92110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	D Company, LLC Section 401(k) Profit Sharing Plan and Trust	1775 Hancock St., Ste 200 San Diego, CA 92110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	G Company, LLC Section 401(k) Profit Sharing Plan and Trust	1775 Hancock St., Ste 200 San Diego, CA 92110	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Sushil Israni	1775 Hancock St., Ste 200 San Diego, CA 92110	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Deepak Israni	1775 Hancock St., Ste 200 San Diego, CA 92110	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 8, 2014.



Signature of a member or authorized representative of a member

Ashok Barani

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00