



State of California  
Secretary of State

LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

**FILED**  
In the Office of the Secretary of State  
of the State of California

MAY 03 2012

*/RM*

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER  
201132310128

2. NAME OF LIMITED LIABILITY COMPANY  
418 Coast Blvd South, LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")

Casa La Jolla, LLC

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):

- ☐ ONE MANAGER  
☐ MORE THAN ONE MANAGER  
☐ ALL LIMITED LIABILITY COMPANY MEMBER(S)

C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:

D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.

4. FUTURE EFFECTIVE DATE, IF ANY:

MONTH

DAY

YEAR

5. NUMBER OF PAGES ATTACHED, IF ANY: 0

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON

Mark Fastlicht Y Sackler, Manager

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

DATE

3-29-12

7. RETURN TO:

NAME Michael B. Abramson, Esq.  
FIRM Solomon Ward Seidenwurm & Smith, LLP  
ADDRESS 401 B Street, Suite 1200  
CITY/STATE San Diego, CA  
ZIP CODE 92101