Amendment to Certificate of Limited LP-2 Partnership (LP)

To change information of record for your LP, fill out this form, and submit for filing along with:

- A \$30 filling fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

FILED Secretary of State
State of California SEP 2 4 2015

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ritems 3-7: Only fill out the information that is changing, Attach extra pages if you need more space or need to include any other matters.						This Space For Office Use Only			
		For	questions about this	form, go to	www.sos.ca.gov/busi	ness/be/filing-tips.htm	}		
1	1		by CA Secretary of State) 19400014	2	LP's Exact Name (on file with CA Secretary of St East Village West LP			itate)	
	LP	Name		İ					
3	F	Proposed New LP Name	The	new LP nam	ne: must end with: "Lim nsurance," "trust," "truste	ited Partnership," "LP,"	or "L.P.,"	and may not	
New	LP	Addresses	CORE	ain bank, iir	isurance, trust, truste	s, incorporated, inc.,	corporatio	ni, or corp.	
4	a.						CA		
Ŭ		Street Address of Desi	ignated Office in CA		City	(no abbreviations)	State	Zip	
	U.	Mailing Address of LP,	if different from 4a		City	(no abbreviations)	State	Z/p	
Œ			d 1505 corporation in C	A.)	·				
	b.	5					CA		
		Agent's Street Address	(if agent is not a corporat	ion)	City	(no abbreviations)	State	Zip	
Gone	ra	Partner Changes							
⑥	a.	New general partne	r: HDP Island Village LL	_C	1335 Fifth Avenue	San Diego	CA	92101	
			Name		Address	City (no abbreviations)		Zip	
	b.	Address change:	Name		New Address	City (no abbreviations)	State	Zip	
	_	Name charact Old				• •			
		Name change; Old name: New name:							
	d.	Name of dissociated	l general partner:						
Disse Cance	olv ellat	ed LP (Either check ion (Form LP-4/7), avail	box a or check box b a able at www.sos.ca.gov/bu	and complete usiness/be/for	the information. Note: ms.htm.)	To terminate the LP, a	also file a	Certificate of	
		a. The LP is dissolved and wrapping up its affairs. The LP is dissolved and has no general partners. The following person has been appointed to wrap up the affairs of							
		the LP:		Address	City	(no abbreviations)	Stale	Zip	
Read (person a trust, informa of this	and lisi as atlo ame		m must be signed by (1) son has not filed a Certifics cc) or any other person not, attach extra pages that scument affirms under pen			ach access thetad in the	m 6a; <u>and</u> rson listed ffiling-tips.l All attachm	(3) by each must sign. If him for more tents are part	
				Jonathan Roper, Manager of East Village West LLC				-23-15	
Sign	ı he	re (/			Print your name here	laudina Davalanmant		ate	
		. /			co, Vice President of H an Diego, a California				
) -		h///len	, b	enefit corpo	ration, Sole Member a	nd Manager of HDP	9-	23-15	
	n h				Print your name here			ate	
			ble to: Secretary of State		By Mail		Drop		
		ig, we will return one (ument for free, and will	uncertified copy of you certify the copy upon		 Secretary of State ness Entities, P.O. Box 		Secretary 11th Str	eet, 3rd Floor	
		ind payment of a \$5 ce			acramento, CA 94244-2			, CA 95814	