## L08000000899

(Requestor's Name)					
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PICK-UP WAIT M	AIL				
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A. LUNT

AUG 2 7 2009

**EXAMINER** 

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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	BKRT Ingram Hills, LLC						
5000	.c		ted Liability Company				
The end	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	condence concerning this matter	to the following:				
			Brian D. Kosoy				
			Name of Person		<del></del> 1	<b>~</b> 3	
SABAG ingram Hills, LLC					SECF	2009 AUG	galang
			Firm/Company		FE	S	
340 Royal Poinciana Way - Suite 316					SSEE VRY (	26	
-			Address		- C	<u>R</u>	
Palm Beach, Florida 33480					STATE	12: 29	
			City/State and Zip Code	_	1>	Ψ	
		vcostello E-mail address: (	o@sterlingorganization.com to be used for future annual report notifica	tion)			
For fur	ther information	concerning this matter, please of		,			
	Chris	stine M. Hooker	at ( 561 ) 83	35-1810			
		of Person	Area Code & Daytime T		r		
Enclose	ed is a check for	the following amount:					
	.00 Filing Fee	•	✓ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Stat		sed)
MAILING ADDRESS: Registration Section		tration Section	STREET/COURIER Registration Section	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

B	KRT Ingram Hills, LLC				
( <u>Name of the Limited</u> (A	Liability Company as it now appears ( Florida Limited Liability Company)	on our records.			
`					
The Articles of Organization for this Limited Li	ability Company were filed on	01/08/2008	an Bass	signed	
Florida document number L08000002	899		CRE'I	- F	
	•		G 2		
This amendment is submitted to amend the follo	wing:		338 84 0		
A. If amending name, enter the new name of	the limited liability company here:		OR ?		
	SABAG Ingram Hills, LLC				
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company	," the designation	"LLC" or the	abbreviation	
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREE	(ADDRESS)				
· · ·					
				· · · · ·	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE 1					
maung address mat be a rost office i	<u></u>	· · · · ·			
B. If amending the registered agent and/o	r registered office address on our	· records ente	r the name (	of the new	
registered agent and/or the new registered of	ice address here:	records, enter	the name c	or the nev	
Name of New Registered Agent:	Brian D. Kosoy	<del>.</del>		<del></del>	
New Registered Office Address:					
	Enter Florida street address				
	City	, Fiorida _	Zip Code	<del></del>	
New Registered Agent's Signature, if changing R	egistered 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name 1 <u>Address</u> **Type of Action** Brian D. Kosoy Revocable. **MGRM** 340 Royal Poinciana Way - Suite 316 Palm Beach, Florida 33480 ☐ Add **Remove** MGR Brian D. Kosoy 340 Royal Poinciana Way - Suite 316 Add Palm Beach, Florida 33480 Remove \_ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 25 Signature of a member or authorized representative of a member Brian D. Kosoy

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00