Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000690183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : 120080000023 Phone : (651)225-9500

Fax Number : (651)225-9579

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABER CORNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 6 2012

T. HAMPTON

3/15/2012

NO. 8815 P. 2 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 MAR 15 AM 7:31

Saber Co	rner, LLC			
(Name of the Limited Liability Comps (A Florida Limited I	ny as it now appear lability Company)	s on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company	were filed on	8/24/2011	and assigned	
Florida document numberL11000097403				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lish	ility company her	<u>e</u> ;		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	80 Business Park Drive			
(Principal office address MUST BE A STREET ADDRESS)	Suite 100			
	Armonk, NY	10504		
Enter new mailing address, if applicable:	80 Business f	Park Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100			
	Armonk, NY	10504		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on 0 <u>e</u> :	ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street add	ress	
	. Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<b>!</b>			

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.

Il Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

MGRM - Managing Member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

Title	Name	Address	Type of Action
MGRM	Martin Berger	80 Business Park Drive, Suite 100 Armonk, NY 10504	Add Remove
MGRM	Michael Klinger	20900 NF 30th Avenue, Suite 812 Aventura, FI_33180	_
MGRM	Saber Real Estate Advisore, LLC	80 Business Park Drive, Suite 100 Armonk, NY 10504	_[∕] Add Remove
MGRM	Saber Tampa ARCT, LLC	1401 Broad Street Glifton_NJ 07013	_☑ Add ☐ Remove
<u>MGRM</u>	Saber Corner Equity, LLC	80 Business Park Drive, Suite 100 Armonk, NY 10504	_[∕]Add Remove
			Add Remove
D. If amending	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF C
Dated	larch 15 . 2013	<u></u>	AN 7:31
<del></del>	Michael Klin	authorized representative of a member  Q LC  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00