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To:

Division of Corporations

Fax Number

1 (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850) 222-1092

Fax Number

: (850)878-5368

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

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CT CORPORATION

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COVER LETTER

TO: Registration Division of C		
SUBJECT:	Sahi	ara Homes, LLC
	Name of Lim	iled Linbility Company
The enclosed Articles	of Amandment and fee(s) are su	bookted for filing.
	spondence concerning this matte	
		George P. Wolfe, Esquire
·		Name of Person
•		Shaner Hotal Group
-		Pinn/Company
		1965 Weddle Roed
		Acidrosa
		State College, PA 16803
		City/State and Zip Code
	·····	nrush@shanercorp.com
For further information	concerning this matter, please	(to be used for filture manual report actification) call:
	George P. Wolfe	at (814) 278-7207
Name	of Person	Area Code & Daytime Telephone Number
Buclosed is a check for	the following amount:	
S25.00 Filing Per	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Regii Divis P.O.	LING ADDRESS: pration Section ion of Corporations Box 6327 hassoo, FL 32314	STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Conter Circle Tallahussee, FL 32301

PLOSS - 65/76/2010 C T System Colline

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION	
OF STATE OF	
Saliarra Homes, LLC	•
(Rama of the Limited Limital Company as it now appears on our records.) (A Florida Limited Liability Company)	77
The Articles of Organization for this Limited Liability Company were filed on April 23, 2012 and assigned	O
(0)	
Florida document numberL12000054802	
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 "LLC."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BR A POST OFFICE BOX)	
Textually many cas parts of the control of the cont	
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 Rouistered Agont's Signature, if changing Registered Agont:	
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, Beauture of New Recistored Agent	
Page 1 of 2	

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FLUSS - OSIGS/2009 C T Sympa Qualing

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:

MGRM = Managing Member Type of Action Address Title Name MGRM Harry Lykens X Add Remove 1639 Sabai Palm Drive Hoga Raton, FL 33432 Add Remov □Add Remove ∏ Add Remove **∐**Add Remove Remova D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 23 2012 Dated. Signature of a mainter or authorized representative of a member George P. Wottle, Baquire Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00

FLOSS - 05/05/2009 CT System Daline

MGR = Manager