

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

FROM:

Account Name : C T CORPORATION SYSTEM
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****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
MAHGT ELIZABETH TON ESTATES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

S. HAWKES

APR 16 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

MAHGT ELIZABETHTON ESTATES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 20, 2008

Florida document number L06000015414

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAS Mortgage Trust Elizabethton Estates, LLC

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:

455 NORTH INDIAN ROCKS ROAD

(Principal office address MUST BE A STREET ADDRESS)

SUITE B

BELLEAIR BLUFFS, FLORIDA 33770

Enter new mailing address, if applicable:

455 NORTH INDIAN ROCKS ROAD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE B

BELLEAIR BLUFFS, FLORIDA 33770

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 Registered Agent's Signature, if changing Registered 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

FILED
10 APR 15 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SAS MORTGAGE TRUST	455 NORTH INDIAN ROCKS ROAD SUITE B BELLEAIR BLUES, FLORIDA 33770	<input checked="" type="checkbox"/> Remove
MGRM	MRC MORTGAGE INVESMENT TRUST	621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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APR 15 AM 8:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 29, 2010

Robert J. Banks
Signature of a member or authorized representative of a member

ROBERT J. BANKS, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00