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D. BRUCE
JUN 15 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nolidas Window Themvations, LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Susan Lofe Z Name of Person
Sabo Holding ILC
C/o 8373 Malloy Street
(,) >
Weeki Wachee FL 34613 City/State and Zip Code Susan lop 66 Paol. Com E-mail address: (to be used for future annual report notification)
and the control of th
For further information concerning this matter, please call:
Susan Logoz at (407) 760-1020 Name of Person Area Code & Daytime Telephone Number
Name of Ferson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 (1997) (1997) (1997)
Tallahassee, FL 32314

Registration Section

proporations

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nelida Wind (Name of the Limited Liability Company (A Florida Limited Liability Company)	vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L0800069755</u>	vere filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Sabco Holdingo, LL	C.
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	823
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FH 3: 43 FLORIDA
B. If amending the registered agent and/or registered office 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 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:

	= Manager M = Managing Member		
ř` <u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
D. If a	amending any other information, ente	r change(s) here: (Attach additional shee	
	the same Com, we were filing	pany as Sabco of the Reports Un	
	Sabco Holdings	sher So you disc document Num	ber_
Dated _.		wa A. Jane member or authorized representative of a me	mber
		Susan A. Lopez Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00