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Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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

Email Address:

12 OCT -5 PM PR 16
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABAG GREENHOUSE, LLC

12 OCT -5 PH 4: 06
SECRETARY OF STATE

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Electronic Filing Menu

Corporate Filing MenMCLEOD Help

OCT - 8 2012

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SABAG GREEN				
(Name of the Limited Liability Comment (A Florida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on	08/24/2009	and assig	gned
Florida document numberL09000081514		-		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabile	ty company here	;		
Silverado Trail Gree	enhouse, LLC			_
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compar	y," the designation "L	LC" or the ab	breviatio
Enter new principal offices address, if applicable:	٠,			
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
				
			TAS HAS	**************************************
Enter new mailing address, if applicable:			ပ္ကို ့ ပာ	1
(Mailing address MAY BE A POST OFFICE BOX)	1.1			
			CS F	()
			06 RED	_
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on o	ur records, <u>enter t</u>	ic name of	the nev
Name of New Registered Agent				<u>-</u> -
New Registered Office Address:				
	Ente	er Florida street addi	ress	
		, Fiorida		
	City	, .	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre- the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of	ne performance d rovided for in Ch	of my duties, and I a apter 608, F.S. Or,	m familiar v if this docum	with and nent is

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = N	Managing Member	•	
Title	Name	Address	Type of Action
			Add Remove
***************************************			Add Remove
-			Add Romove
**************************************			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			
. -			-
Dated	October 1st 20	or authorized representative of a metable	
•		D. Kosoy, Manager 20 or printed name of alignee	

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Filing Fee: \$25.00