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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (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.\*\*

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(A)

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SABAG GATEWAY, LLC

Certificate of Status	0
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B. KOHR

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	SABAG GA	TEWAY, LLC		2 2
(Ne	me of the Limited Liability Cosm (A Florida Limited	onny as it now appea I Liability Company)	rs on our records.)	ALCE.
The Articles of Organization	for this Limited Liability Compa	ny were filed on	08/24/2009	and assigned
Florida document number	L09000081518			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited li	ability company be	<u>tė</u> :	
	Silverado Trail	Gateway, LLC		
The new name must be distingu "L.L.C."	ishable and end with the words "Li	mited Liability Compo	any," the designation "	LLC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX			
		,		
	ered agent and/or registered new registered office address b		our records, enter	the name of the new
Name of New Regis	tered Agent:			
New Registered Off	ice Address:	<del></del>		
		Er.	iter Florida street add	dress
			, 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:

MGR = Manager

MGRM = N	Managing Member	•	
Title	Name	Address	Type of Action
			F*** **
			Add Remove
<del>,</del>			
<del></del> -	And the second s		☐Add ☐Remove
			the state of the s
D. If amen	ding any other information, ent	er change(s) here: (Anach additional sh	eets, if necessary.)
Deted	October 1st	, 2012	
	X		
	/ Signature of	a member or authorized representative of a n	nember
		Brian D. Kosoy, Manager Typed or printed name of signee	

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Filing Fee: \$25.00