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 INTERNATIONS

Account Number : 110432003053

Phone : (561)694-8107 Fax Number

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

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

FILED					
12 OCT -5	ĀĦ	9:	01		
SEUNETARY ALLAHASSEL	Or S FL	TA OR	TE IDA		

•			, LUKIUA
SABA	IG LAF, LLC		
(Name of the Limited Liability C (A Florida Lin	empany as it now appe nited Liability Company	ars on our records.)	
			•
The Articles of Organization for this Limited Liability Con	npany were filed on	12/06/2010	and assigned
Florida document numberL10000124938	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	đ Hability company lu	s <u>re</u> :	
Sliverado	Trail LAF, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(22)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAX BE A POST OFFICE BOX)			
THE STATE STATE OF THE PARTY AND THE PARTY A			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter 1</u>	<u>je name of the nev</u>
Name of New Registered Agent:			
New Registered Office Address:			
	E	inter Florida street add	ress
		, 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, Stanature of New Registered Agent

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

itle	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
If amen	ding any other information, enter	change(s) here: (Attach additional shee	ris, (f necessary.)
			12 OCT -5 SICORCI ART
	,		
ated	October 1st	2012	A
	(Signature of a	Brian D. Kosoy, Manager Typed or printed name of signee	inter

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Filing Fee: \$25.00