L11000099475

(F	Requestor's Name)			
(A	(ddress)			
(Address)				
	city/State/Zip/Phone #)			
(C	ity/State/Zip/Pfloffe #)			
PICK-UP	WAIT	MAIL		
(E	Business Entity Name)			
'	, ,			
(0	Ocument Number)			
Certified Copies	Certificates of \$	Status		
Special Instructions to	o Filing Officer			
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Office Use Only

B. KOHR
OCT 2 G 2011
EXAMINER



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PHYSIGN LEGGER FLORIDA

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ACCOUNT NO. : I2000000195

REFERENCE :

933319

7848511

AUTHORIZATION (

COST LIMIT

ORDER	DATE	:	October	3.	2011

ORDER TIME : 11:16 AM

ORDER NO. : 933319-005

CUSTOMER NO: 7848511

DOMESTIC AMENDMENT FILING

NAME: SAINT GEORGE ABBO, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT GEORGE ABBO, 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 8/30/11 and assigned Florida document number L11000099475 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office uddress MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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)

If amending the Managers or Managing Members on our records, enter the fifle, 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>	Address	Type of Action
MGRM	Mayra C Barructa	MODS th Street Suite 200 Michael Boach Fl 33139	Add SI Remove
MGRM	Victor L. Abbo	250 Arapahoe Ave, Suite 201 Boulder, CO 80302	_⊠ Add _□ Remove —
			_□ Add _□ Remove —
			_O Add _O Remove _
			_□ Add _□ Remove
No. of the state o			_□ Add _□ Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
*************************************	•		_
<u></u>			
Dated	10/3 , 20/1		
		or authorized representative of a member actor L. Abbo r printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00