## 112000054802

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J. SAULSBERRY EXAMINER MAY 7 2012

## **COVER LETTER**

	egistration Section ivision of Corporati	ons		
SUBJECT	:Saharı	ca Homes, LLC		
		Name of Lim	ited Liability Company	
The enclos	ed Articles of Amend	lment and fee(s) are su	bmitted for filing.	
Please retu	rn all correspondence	concerning this matte	r to the following:	
		Bill T. S	Smith, Jr.	
			Name of Person	
		Bill T. S	Smith, Jr., P.A.	,
			Firm/Company	
		980 N. Fe	ederal Highway, Suite 402	
		Boca Rato	on, FL 33432	wand
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	701 ALI
		btsmith@b	occaattorney.com (to be used for future annual report notification)	ECPETAR ALLAHASS
For further	information concern	ing this matter, please	•	HAY-3 AM
Bill	T. Smith,	Jr.	at ( 561 ) 368-5757	Cont Chick American
	Name of Persor		at ( 561) 368-5757  Area Code & Daytime Telephone Number	- 2 <b>3</b>
Enclosed is	s a check for the follo	wing amount:		
\$25.00	Filing Fee S	30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saharra H (Name of the Limited Liability Compa (A Florida Limited L	ome LLC ny as it now appears on our records. Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL12000054802	were filed onApril 23, 201	2 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Saharra Ho	mes LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1639 Sabal Palm Drive		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432	2017 TALE:	
Enter new mailing address, if applicable:	1639 Sabal Palm Drive	TARY C	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33432	五3 五 点	
		- 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new	
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:

MGR = Manager

MGRM = Managing Member **Type of Action Address Title** Name 1 ☐ Add Remove ☐ Add ☐ Remove Remove Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Bill T. Smith, Jr. Typed or printed name of signee

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Filing Fee: \$25.00