Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000278424 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HALL & RUNNELS, P.A.

Account Number: I20010000204 : (850)337-4600

Fax Number : (850)337-4720

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

≰LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SAOTRE PROPERTIES, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03_     |
| Estimated Charge      | \$25.00 |

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

11-27-'12 11:58 FROM-

8503374720

T-095 P0002/0004 F-061

Fax Audit Number: H12000278424 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Saoire Properties, LLC   |  |                                 |
|--|--|---------------------------------|
| (Name of the Limited Liability Cor<br>(A Florida Limit   | npady as it now appears on our recorded Liability Company) | <u>is.</u> )                    |
|  |  |                                 |
| The Articles of Organization for this Limited Liability Comp   | any were filed on 11/13/2012                               | and assigned                    |
| Florida document number L12000142950   |  |                                 |
|  |  |                                 |
| This amendment is submitted to amend the following:  |  | •                               |
| A. If amending name, enter the new name of the limited   | liability company here:                                    |                                 |
| And the state of the state state of the state state of the state state of the state | maonicy company mere.                                      |                                 |
| The new name must be distinguishable and end with the words "I   | Limited Liability Company." the designs                    | ation "LLC" or the abbreviation |
| "L.L.C."   |  |                                 |
| Enter new principal offices address, if applicable:  | _  |                                 |
| (Principal office address MUST BE A STREET ADDRESS   | 5)   |                                 |
|  |  | St. Car.                        |
|  |  | THE OV                          |
| Enter new mailing address, if applicable:  | PO Box 781   |                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   | Aledo, TX 76008  |                                 |
|  |  | 10                              |
|  |  | 95: 😮                           |
| B. If amending the registered agent and/or registered  |  | nter the name of the new        |
| registered agent and/or the new registered office address  | <u>here</u> :  |                                 |
| 37   |  |                                 |
| Name of New Registered Agent:  |  | <u></u>                         |
| New Registered Office Address:   |  |                                 |
|  | Enter Florida stre   | et address:                     |
|  | , Flori  |                                 |
|  | City   | Zip Code                        |
| New Registered Agent's Signature, if changing Registered Ag  | ent:   |                                 |

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

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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

<u>Title</u> <u>Name</u>

| <u>Title</u> | <u>Name</u> | Address | Type of Action            |
|--------------|-------------|---------|---------------------------|
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|              |             |         | Remove                    |
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| ). If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------------|---|
|             |   |
| _           |   |
|             |   |
|             |   |
|             |   |
| ated Nov    | vember 27 , 2012-7  |
|             |   |
|             | Signature of a member or authorized representative of a member                              |
|             | Davage J. Runnels, III, authorized representative   |
|             | Typed or printed name of signoc   |

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