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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : 120010000146

: (407)571-3900

Phone Fax Number

: (407)571-4390

\*\*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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH TEXAS PARTNERS I, LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations North Texas Partners I, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Ann Linn Name of Person Haddock Professional Association 3300 University Blvd., Suite 218 Winter Park, Florida 32792 City/State and Zip Code loril@fullsail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Lori A. Linn at (407) 571-3908

Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

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

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION (((H14000061919 3))) OF

	OF
NORTH TEX	AS PARTNERS I, LLC 👙 📆 🎁
(Name of the Limited Linhfits Co. (A Florida Limi	AS PARTNERS I, LLC  mpany as it now appears on pur records.)  any were filed on 12/11/12  and assigned.
	10/14/10
The Articles of Organization for this Limited Liability Compa	any were filed on 12/11/12 and assigned
Florida document number L12000154678	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited 1	liability company here:
HM S1	TONELEIGH, LLC
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address to	d office address on our records, <u>enter the name of the new</u>
	100.5.
Name of New Registered Agent:	•
THE TOTAL PROPERTY OF THE PARTY	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
Ti c	Changing Registered Agent, Signature of New Registered Agent
•••	Towns of the second sec

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Title Name **Address** Type of Action 3300 University Blvd., Suite 218 ■ Add AMBR HM Stoneleigh Holdings, LLC Winter Park, Florida 32792 D Remove \_\_\_\_\_ \\_ \\_ \\_ \\_ \ Add \_\_\_\_\_ □ Remove \_\_\_\_ 🗀 Remove

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(((H140000619193)))

MGR = Manager

D.	lf am	ending any other informat	ion, enter change(s) here: (Attach	additional sheets, if necessary.)
		•		
			·····	
E.	Effec	tive date, if other than the	date of filing:	(optional)
	the da	te this document is filed by the Flo	of the prior to date of receipt or filed date and ride Department of State)	l cannot be more than 90 days after
	Dated	March 12	2014	
			en while	
			Signature of a premier or mithorized repre	
		Man K. Jande,	Typed or printed name of s	Colorado Inc., its Manager

Page 3 of 3

Filing Fee: \$25.00

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