L04 0000 18470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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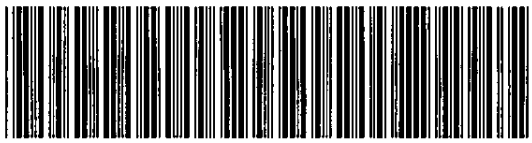

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FILED
14 MAY 28 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 29 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

EVELYN GONZALEZ EA
5701 DOGWOOD DR
ORLANDO, FL 32807

SUBJECT: STONEMILL RUN APARTMENTS LLC
Ref. Number: L04000018470

We have received your document for STONEMILL RUN APARTMENTS LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00009851

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: STONE MILL RUN APARTMENTS 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:

EVELYN R GONZALEZ EA
Name of Person

ACCOUNTING CENTER FOR SMALL BUSINESS LLC
Firm/Company

5701 DOGWOOD DR
Address

ORLANDO, FL 32807
City/State and Zip Code

ACCORL@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN R GONZALEZ EA at (407) 281-0227
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☒ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STONEMILL RUN APARTMENTS 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 3/9/2004 and assigned Florida document number L04000018470.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STONE MILL RUN APARTMENTS, LLC

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 address 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	GOLDEN RIBBON INVESTMENTS LLC	5125 CURRY FORD RD ORLANDO FL 32812	☐ Add ■ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 30, 2014.

Signature of a member or authorized representative of a member

HERNAN DIAZ

Typed or printed name of signee

Filing Fee: $25.00

14 MAY 28 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA