

L07000127539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

MAR 21 2009

EXAMINER

Office Use Only



600120711596

03/20/08--01043--018 **25.00

FILED

2008 MAR 20 P 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STOCKSDALE FUND 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:

PAUL E STOCKSDALE
(Name of Person)

(Firm/Company)

621 CATHCART AVE #1
(Address)

ORLANDO, FLORIDA 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL STOCKSDALE at 407, 843-4230
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 20 P 12:11

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STOCKSDALE FUND 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 12/27/07 and assigned
Florida document number L 07000127539

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

(na) 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.

(na) _____
(If Changing Registered Agent, Signature of New Registered Agent)

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

③ MGRM MGR	SHELLEY STOCKDALE	13 Gardenia Dr. Winterpark, FL 34781	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
-----------------------	-------------------	---	--

MGRM	Victoria A Stockdale	5424 Passenger Place Raleigh NC 27603 27603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
------	----------------------	--	--

MGRM	Rolando Stockdale	59-339 Makau St. Waikaloa HI 96738	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
------	-------------------	---------------------------------------	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

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

Dated _____, _____.

Paul E. Stockdale
Signature of a member or authorized representative of a member
PAUL E STOCKDALE
Typed or printed name of signee

FILED
MAR 20 12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE