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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL 15 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONEGATE PARTNERS & ASSOCIATES, 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:

YADIRA GOMEZ
Name of Person

STONEGATE PARTNERS & ASSOCIATES, LLC
Firm/Company

523 W. Colonial Dr, 1st Floor
Address

Orlando, Florida 32804
City/State and Zip Code

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

For further information concerning this matter, please call:

YADI GOMEZ at (407) 687-7703 or 321-422-3426
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

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STONEGATE PARTNERS & ASSOCIATES, LLC

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TALLAHASSEE, FLORIDA
Name of the n

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
MGR	Russell A. Razzani	1209 East Colony Drive MAITLAND, FL 32804	<input checked="" type="checkbox"/> Add <input 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
			<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.)

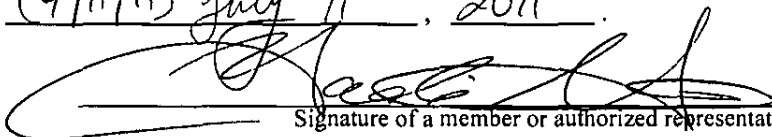
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Dated

(7/11/11) July 11, 2011



Signature of a member or authorized representative of a member

YADIRA GOMEZ

Typed or printed name of signee