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J. SAULSBERRY EXAMINER JUL 15 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STONEGATE PARTNERS 3 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, 1 St Floor
Orlando, Florida 32804 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
\(\begin{array}{c c c c c c c c c c c c c c c c c c c
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

Liability Company as it now appears on our records The Articles of Organization for this Limited Liability Company were filed on 02/07/2008 and assigned Florida document number <u>LO80000/3942</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) بې B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

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					
<u>Title</u>	Name	Address	Type of Action		
MGR	Russell A. Razzani	1209 East Colony Drive	Add Remove		
			Add Remove		
			Add Remove		
	·		Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ing any other information, enter change(2011 JUL 14 AM 9: 23 SEFRETARY DE STATE ANASSEE, FLORIDA		
Dated 4	Signature of a member of				
	YADELA GOMEZ Typed o	r printed name of signee			

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Filing Fee: \$25.00