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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 21 AM 10:28

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D. BRUCE
JUL 22 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONEBRIAR AND FAIRWAY CROSSINGS 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:

KHALED H. HUSSEIN

Name of Person

STONEBRIAR AND FAIRWAY CROSSINGS LLC

Firm/Company

8671 CURRITUCK SOUND LN

Address

ORLANDO, FLORIDA 32829

City/State and Zip Code

KAL007@AOL.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ARCHIEKEATON@AOL.COM

Name of Person

at (407)

616-7293

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**

STONEBRIAR AND FAIRWAY CROSSINGS 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 5/17/2010 and assigned
Florida document number L10000052971.

This amendment is submitted to amend the following:

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

TYSON VS.HOLYFIELD III 3D 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)

729 SHERWOOD TERRECE DR #214

ORLANDO, FLORIDA 32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

729 SHERWOOD TERRECE DR #214

ORLANDO, FLORIDA 32818

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:

ARCHIE KEATON

New Registered Office Address:

729 SHERWOOD TERRECE DR #214

Enter Florida street address

ORLANDO

Florida

32818

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.


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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ARCHIE KEATON	729 SHERWOOD TERRECE DR ORLANDO, FLORIDA 32818 SUITE 214	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JAMIE PIROMALLI	611 ASHBERRY LANE ALTAMONTE SPRINGS FLORIDA 32714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KHALED H. HUSSEIN	8671 CURRITUCK SOUND LN ORLANDO, FLORIDA 32829	<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

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

SECRETARY OF STATE
FLORIDA

10 JUL 21 AM 10:28

FILED

Dated

7/19/

2010

Signature of a member or authorized representative of a member

Khaled H. Hussein

Typed or printed name of signee