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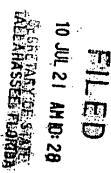
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D. BRUCE

JUL 22 2010

EXAMINER

COVER LETTER

	Registration Se Division of Cor						
SUBJEC	or: S1	ONEBRIAR AND	FAIRWAY CROSS	INGS LLC			
		Name of Limited Liability Company					
					·		
The enclo	osed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please re	turn all correspo	ndence concerning this matte	r to the following:	•			
		 	KHALED H. HUSSEIN	·			
			Name of Person				
		STONEBRIAR	AND FAIRWAY CRO	SSINGS LLC			
•		-					
		8671	8671 CURRITUCK SOUND LN				
			Address				
or			ANDO, FLORIDA 328	329			
			City/State and Zip Code		SSE DA		
E mail address.			KAL007@AOL.COM to be used for future annual repo				
For furthe	er information co	oncerning this matter, please	•	or normeation)	D: 28		
	ARCHIEKE	EATON@AOL.COM	at (407)	616-7293			
Name of Person			Daytime Telephone Number	•			
Enclosed	is a check for th	e following amount:		•			
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified (of Status &		
MAILING ADDRESS:		STREET/C	OURIER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Compa A Florida Limited I	ny as it now appear Liability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document numberL1000005		were filed on	5/17/2010	and assign	ned	
This amendment is submitted to amend the foll	owing:		•			
A. If amending name, enter the new name of	f the limited liab	oility company here	:			
		YFIELD III 3D L				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compar	y," the designation "l	LC" or the abb	reviation	
Enter new principal offices address, if applic	729 SHERWO	OOD TERRECE I	DR #214			
(Principal office address MUST BE A STREI	ORLANDO, F	LORIDA 32818	## 5	<u></u>		
Enter new mailing address, if applicable:		729 SHERWO	OD TERRECE I	A 2 2 2 3 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4		
(Mailing address MAY BE A POST OFFICE	ORLANDO, F	LORIDA 32818	7			
B. If amending the registered agent and/ registered agent and/or the new registered o			ar records, enter 1	he name of t	the new	
Name of New Registered Agent:	ARCHIE KE	ATON	,	,		
New Registered Office Address:	729 SHERV	9 SHERWOOD TERRECE DR #214				
•		Enter Florida street address				
	c	DRLANDO	, Florida	32818		
	City		7in Coda			

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.

Is 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 Type of Action <u>Name</u> <u>Address</u> **MGRM ARCHIE KEATON** 729 SHERWOOD TERRECE DR ✓ Add ORLANDO, FLORIDA 32818. Remove SUITE 214 MGRM JAMIE PIROMALLI 611 ASHBERRY LANE ✓ Add ALTAMONTE SPRINGS FLORIDA Remove 32714 MGRM KHALED H. HUSSEIN 8671 CURRITUCK SOUND LN **✓** Add Remove ORLANDO, FLORIDA 32829 □Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member hales Hossein Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00