L10000101897

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COVER LETTER

TO: '	Registration Se Division of Con		ut.		
eiidi	ECT:	Stor	ne Hill, LLC		
3000	EC1:		ted Liability Company	······································	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
			Christel Hathaway		
			Name of Person		
		Firm/Company			
	13941 South Springs Dr.				
			Clifton, VA 20124		
			City/State and Zip Code		
		christe	el_stonehill@hotmail.com	ation)	
For fu	rther information of	concerning this matter, please c	all:		
		istel Hathaway	at (335-0133	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclo	osed is a check for	the following amount:			
□ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2010 OCT 19 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Stone Hill, 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		September 29, 2010 and assigned	
Florida document number L10000101897			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:	gistered office address o	on our records, enter the name of the new	
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
	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 **Type of Action Title** <u>Address</u> <u>Name</u> MGRM **Christel Hathaway** 13941 South Springs Dr. **₽** Add Remove Clifton, VA 20124 ☐ Add Remove Add-☐ Remove ∏Add Remove MAdd Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00