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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number: I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STONEBRIDGE 644, LLC

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5/10/2011

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## **COVER LETTER**

10:	Registration Se Division of Cor			
SUBJE	<i>7С</i> Т.	Stonebi	ridge 644, LLC	
SUBJE	sc1;		ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	,
Please (	return all correspo	ondence concerning this matter	to the following:	
			Diane M. Hernandez	
		,	Adams Gallinar, P.A.	
			Firm/Company	
		1000	Brickell Avenue, Suite 30	0
			Address	
		1	Miami, Florida 33131 City/State and Zip Code	
		dhe	ernandez@aqilaw.com	
For furt	ther information o	encerning this matter, please o	io be used for future annual report no	
<u>.</u>		M. Hernandez		416-6800
	Name o	r rerson	Area Code & Days	ime Telephone Number
Enclose	ed is a check for the	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ussee, FL 32314	STREET/COUI Registration Section of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECKETARY OF SIATION OF CORPORATE

H11000128260 3

Si	tonebridge 644, LLC		<b>z</b> 🎘
(Name of the Limited Li	ability Company as it now appears orida Limited Liability Company)	on our records.)	
(A F)	orida Limited Liability Company)		<b>ଫ</b> 🕏
The Articles of Organization for this Limited Liab	ility Company were filed on	4/14/11	and assigned
Florida document number L1100004480	00 .		(
	<del> </del>		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The among the state of the state of the		•	
The new name must be distinguishable and end with t	he words "Limited Liability Compan	y," the designation "I	LC" or the abbreviation
"L,L.C."		<b>,</b> ,	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	·		
(Malling address MAY BE A POST OFFICE BO	DX)		
	<del></del>		
B. If amending the registered agent and/or		ir records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Ente	er Florida street add	ress
		. Florida	
	City	, FIUITUS	Zip Code
New Designation & Assert State of the Colon of the Designation of the Colon of the	*-4 # A A		•

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

Page 1 of 2

MGR = Manager

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:

RM ≈ M <u>e</u>	Isnaging Member  Name	Address	Type of Action
e BR	Nora Medicina	1000 Brickell Avenue	Add
	<ul> <li>Legistra de la regional de la regional</li></ul>	Sulte 300 Mlami, Florida 33131	Remove
<del></del>	<u></u>		Add Remove
			Add Remove
			Add Remove
<del></del>			☐ Add ☐ Remove
<del></del> -			Add Remove
f amen	ding any other information, enter change(	s) here: (Attach additional sheets, if	necessary.)
. <u></u>			
			11 MAY 1
đ	5/10 201	Levy	O AM 8: 5
		r authorized representative of a member ms, Authorized Signatory printed name of signee	8: 37

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Filing Fee: \$25.00