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SECRETARY OF STATE
ALL AHASSEE, FLORID

J. BRYAN

MAY - 9 2011

EXAMINER

COVER LETTER

	ation Section A of Corporations		
SUBJECT:	Stone	Venture Group, LLC	
	Name o	f Limited Liability Company	_
The enclosed Art	icles of Amendment and fee(s) a	are submitted for filing.	
Please return all o	correspondence concerning this i	matter to the following:	
	Вє	everly Blair, Executive Assistant	
		Name of Person	•
		The Virtual EA, Inc.	
		Firm/Company	
		2362 SE 17th Terrace	
		Address	- SSE'S
		Homestead, FL 33035	FILE PH 3: 53 ALLAHASSEE, FLORID
		City/State and Zip Code	
	E mail add	bblair@virteainc.com ress: (to be used for future annual report notification)	- Om
For further inform	nation concerning this matter, pl		
•	Beverly Blair	at (305) 484-2364	
	Name of Person	Area Code & Daytime Telephone Num	iber
Enclosed is a che	ck for the following amount:		
\$25.00 Filing	Fee \$\bigcip\$\$30.00 Filing Fee &\text{ Certificate of Sta}	tus Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building	:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stone (Name of the Limited Lieb)	venture Group, LLC	we on our records	
(A Florid	lity Company as it now appea la Limited Liability Company)	15 OH OUT TECOTUS.	
The Articles of Organization for this Limited Liability	y Company were filed on	04/27/2011	and assigned
Florida document number L11000050072	·		٠ 🚓
This amendment is submitted to amend the following A. If amending name, enter the new name of the li		œ:	FILED SECRETARY OF SALE
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	any," the designation "I	LC" 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 reg registered agent and/or the new registered office ac		our records, <u>enter 1</u>	he name of the new
Name of New Registered Agent:			, <u>, , , , , , , , , , , , , , , , , , ,</u>
New Registered Office Address:			
	, En	ter Florida street ada	ress
		, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	James M. Reardon	115 Old Kings Hwy. South Darien, CT 06820	Add Remove
MGR_	Pierce M. Love	1 Century Lane, #306 Miami Beach, FL 33139	✓ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	······································		Add Remove
·····			Add Remove
•			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	FILED 11 MAY -6 PM 3: 51 SECRETARY OF STATE FALLA HASSEE. FLORIDA
Dated	May 5 Signature of a pro-	2011 /	
	J.	ames M. Reardon, CEO 'yped or printed name of signee	

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Filing Fee: \$25.00