# 111000058251

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### COVER\*LETTER \*

TO:

Registration Section
Division of Corporations

SUBJECT: Stonestreet Investments, 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:

# Michael R Fouts

Name of Person

# Stonestreet Investments LLC

Firm/Company

# 298 Lake Markham Road

Address

Sanford, FL 32771

City/State and Zip Code

## ccornetto@thetitangroup.com

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

For further information concerning this matter, please call:

Michael R Fouts

,,888,868-4736

Name of Person

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

FILED

TALLAHASSEE, FLORIDA

Stonestreet Investments, 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 05/17/2011	and assigned
Florida document number L11000058251	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		- No. o
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- Mary and a second sec
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	, Florid	la
	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 605, 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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanåger authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	William R Crago	13209 Fountainbleau	Dr 🗸 Add
		Clermont, FL 34711	Remove
			Remove
			Add
			AddRemove
			AddRemove
			AddRemove

	n, enter change(s) here: (Attach additional sheets, if necessary.)
	te of filing: (optional) ust be specific and cannot be more than 90 days after filing.) (605.0207
n effective date is listed, the date m ed December 26	ust be specific and cannot be more than 90 days after filing.) (605.0207
December 26	ust be specific and cannot be more than 90 days after filing.) (605.0207

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Filing Fee: \$25.00