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COVER LETTER

TO:

Registration Section **Division of Corporations**

'ONY CREEK ENTERPRISES, 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:

GILBERT M CARMICHAEL

Name of Person

STONY CREEK ENTERPRISES, LLC

Firm/Company

5102 HIGH POINTE DR

Address

PENSACOLA FL

Same of the second E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee PAYABLE to:

FLORIDA DEPT

TATE

□ \$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

STONY CREEK ENTERPRISES, 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 Florida document number L130001555460	were filed on 11/04/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	5102 HIGH POINTE DR	
(Principal office address MUST BE A STREET ADDRESS)		
	PENSACOLA FL 32505	
		¹ ⋝! ₆₅
Enter new mailing address, if applicable:	5102 HIGH POINTE DR	
(Mailing address MAY BE A POST OFFICE BOX)		220 F 366
	PENSACOLA FL 32505	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
		Dr. O
Name of New Registered Agent:		
New Registered Office Address:		
now Registered Office Address.	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Add
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Page 3 of 3

Filing Fee: \$25.00

TALLAMASY F FIRE