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STATE OF FLORIDA
TALLAHASSEE
14 MAR 17 14:11:00

J. Shivers MAR 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **STONY 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 32505

City/State and Zip Code

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

For further information concerning this matter, please call:

GILBERT M CARMICHAEL at **815** **994-8402**

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)

*PAYABLE TO:
FLORIDA DEPT.
OF STATE*

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

STONY CREEK ENTERPRISES, LLC

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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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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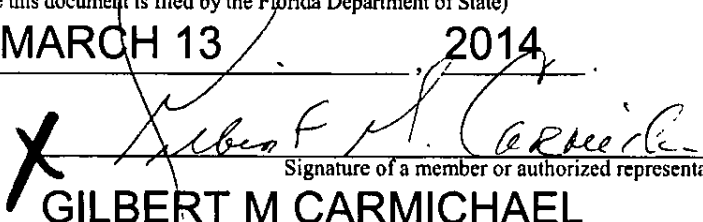
16 MAR 17 11:00
 SEC. STATE
 TALLAHASSEE
 FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MARCH 13** , **2014**

 Signature of a member or authorized representative of a member

GILBERT M CARMICHAEL

Typed or printed name of signee

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Filing Fee: \$25.00

SEC. 1001 L. 2011
TALLAHASSEE, FLORIDA
16 MAR 17 PM 11:00