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COVER LETTER

TO: Registration Section
Division of Corporations

StoneBridge Construction Group, 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:

Sultana Haque
Name of Person
Sultana Law, P.A.
Firm/Company
5526 Lake Howell Road
Address
Winter Park, FL 32792
City/State and Zip Code
Sultana@Sultanal aw com

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

For further information concerning this matter, please call:

Sultana I	Haque
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Area

7 、545-2099

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 ARTICLES OF ORGANIZATION **OF**

StoneBridge Construction Group, 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 Lia Florida document number L13000175467	bility Company were filed on December 23, 20	13 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, enter ice address here:	the name of the new
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Re		
provisions of all statutes relative to the proper accept the obligations of my position as regist		Tamiliar with and if this document is nited liability
	If Changing Registered Agent, Signature of New Re	gistered 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

AMBR = Authorized Member **Title** Name **Address** Type of Action Jack Speaks 2265 Lee Road **MGR** □ Add Suite 219F **■** Remove Winter Park, FL 32789 2265 Lee Road Frederic Guitton MGR 🗏 Add Suite 219 Winter Park, FL 32789 □ Add ☐ Remove □ Add □ Řemove ☐ Remove □ Add _□ Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
(THE CHE	ve date, if other than the date of filing: date of filing (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated 4	August 4, 2014
Daica_	Sittone
	Signature of a member or authorized representative of a member
	Sultana Haque - Counsel and registered agent
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00