

L13000175486

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6363

From:
Account Name : LEGALZOOM.COM INC.
Account Number : T20010000062
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Fax Number : (323) 962-3889

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15 JAN 23 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONEBRIDGE CAPITAL GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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Corporate Filing Menu

Help

01/16/2015 10:42

From: Office_Adm Jack Speaks

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONEBRIDGE CAPITAL GROUP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

jack@stonebridgecapitalgroup.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at (323)

962-8600 ext 7950

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STONEBRIDGE CAPITAL 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 Liability Company were filed on 12/19/2013 and assigned
Florida document number L13000175486

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ROI Funding, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1535 Smoketree Cir
(Principal office address MUST BE A STREET ADDRESS) Apopka, Florida 32712

Enter new mailing address, if applicable: 1535 Smoketree Cir
(Mailing address MAY BE A POST OFFICE BOX) Apopka, Florida 32712

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jack Speaks

New Registered Office Address: 1535 Smoketree Cir

Enter Florida street address

Apopka, Florida 32712
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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From: Office_Adm Jack Speaks

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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>
MGR	Jack E. Speaks	1535 Smoketree Cir	<input checked="" type="checkbox"/> Add
		Apopka, FL 32712	<input type="checkbox"/> Remove
MGR	Terri L. Speaks	1535 Smoketree Cir	<input checked="" type="checkbox"/> Add
		Apopka, FL 32712	<input type="checkbox"/> Remove
MGR	Jack Speaks	2265 LEE ROAD SUITE 219	<input type="checkbox"/> Add
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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From: Office_Adm Jack Speaks

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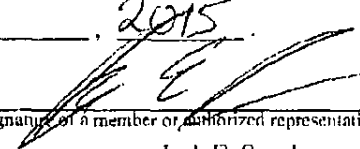
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

1-16, 2015



Signature of a member or authorized representative of a member

Jack E. Speaks

Typed or printed name of signer