

Division of Corporations

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L14000027101

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JOSE PEREZ
Account Number : I20130000083
Phone : (305) 436-0093
Fax Number : (305) 436-0094

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: brickell@jggbusiness.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONE TOWER CAPITAL GROUP LLC

Certificate of Status	0
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JUL 01 2014

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

06/30/2014

11:05

TO:18506176383

FROM:7862171243

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **STONE TOWER CAPITAL 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:

JOSE PEREZ

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

7325 NW 36TH ST

Address

MIAMI, FL 33166

City/State and Zip Code

BRICKELL@JPGBBUSINESS.COM

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

For further information concerning this matter, please call:

JOSE PEREZ

Name of Person

305 4360093

at (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

FILED
14 JUN 30 11 53 AM
TALLAHASSEE, FL
SECRETARY OF STATE

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

STONE TOWER 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 02/17/2014 and assigned
Florida document number L14000027101

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 Changing Registered Agent, Signature of New Registered Agent

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JUN 30 11 06 AM
2014
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

06/30/2014

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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	JONATHAN CHOGHI	100 SW 10 ST APT 902	<input type="checkbox"/> Add
		MIAMI, FL 33130	<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
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			<input type="checkbox"/> Remove

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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 JUNE 20, 2014



Signature of a member or authorized representative of a member

SANTIAGO J ARBELAEZ

Typed or printed name of signer

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14 JUN 30 PM 3:56
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TALLAHASSEE, FLORIDA