

L14000078494

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DATE:

7/22/14

NAME:

STONE HOUSE INVESTMENT HOLDINGS OF FLORIDA, L.L.C.

TYPE OF FILING: AMENDMENT

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RETURN:

CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File first **

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stone House Investment Holdings of Florida, L.L.C.
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:

Kevin Darnell

Name of Person

Stone House Investment Holdings of Florida, L.L.C.

Firm/Company

5465 Vintage View Boulevard

Address

Lakeland, FL 33812

City/State and Zip Code

gkdarnell@gmail.com

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

For further information concerning this matter, please call:

Patrick McKenzie

Name of Person

at **(404) 504-7792**

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
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

Stone House Investment Holdings of Florida, L.L.C.
(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 May 14, 2014 and assigned Florida document number L14000078494.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5465 Vintage View Boulevard
Lakeland FL, 33812
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 5465 Vintage View Boulevard
Lakeland FL, 33812
(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: Kevin Darnell
New Registered Office Address: 5465 Vintage View Boulevard
Enter Florida street address
Lakeland, Florida 33812
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.

Kevin Darnell
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
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------|--|
| MGR | Kevin Darnell | 5465 Vintage View Blvd. | <input checked="" type="checkbox"/> Add |
| | | Lakeland, FL 33812 | <input type="checkbox"/> Remove |
| MGR | Joseph Gurandiano | 494 Wood Avenue | <input type="checkbox"/> Add |
| | | Westmount, QC H3Y 3-JE CA | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

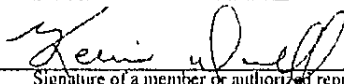
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 July, 17



Signature of a member or authorized representative of a member

Kevin Darnell, Registered Agent

Typed or printed name of signer

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