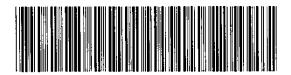
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N. CAUSSEAUX Jun 2 6 2017

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJ	ЕСТ:		EGATE FUY ited Liability Company	DS LLC.			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Pleaso	return all correspo	ndence concerning this matter	to the following:				
		D <i>P</i>	AVID GARCIF	F			
	STONE GATE FUNDS LLC.						
	834 SW 12 ct						
		FOXX E-mail address: (CIAPITALO (at be used for future annual report non	33135 DGWAIL.COM			
For fu	rther information e	oncerning this matter, please ca	ail:				
DAVID GARCIA Name of Person		at (<u>305</u>) <u>965</u> - Area Code Daytim	- 9144 e Telephone Number				
Enclo	sed is a check for th	ne following amount:					
X i s:	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



STONEGATE FUNDS 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 Liab	oility Company were filed on <u>m</u> i	and assigned
Florida document number L17000118	710	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, enter the name of the new
Name of New Registered Agent:	DAVID GAR	Lia
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Re	•	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in writing of this change.	and complete performance of my ered agent as provided for in Cha gistered office address, I hereby c	duties, and I am familiar with and pter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title <u>Name</u> <u>Address</u> Type of Action Savid Garcia ☐ Remove □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ing any other information, enter change(s) here: (Attach additional sheets, if necessa	Jr 1 7	
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	<u>. </u>		
Note: If document	date, if other than the date of filing: (optional veloate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records. d specifies a delayed effective date, but not an effective time, at 12:01 a.m.	te will not be liste	ed as
	Oth day after the record is filed.		
Dated	June 19th 2017		
	Signature of a member or authorized representative of a member	17	ž.
	DAVID GAYCIA Typed or printed name of signee		
	13ped of printed fame of signed	er es 2 2	>
	Page 3 of 3	PM 12: 51	
	Filing Fee: \$25.00	UT =	15