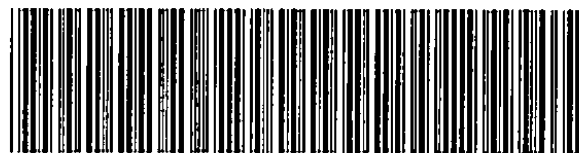


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12/12/19--01009--011 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

es _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
2019 DEC 12 AM 10:46

01/15/20

LLC Amend

DC

COVER LETTER

Registration Section
Division of Corporations



STONE CAPITAL ADVISERS LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

DAVID STONE

Name of Person

STONE CAPITAL ADVISERS LLC

Firm/Company

1504 BAY RD SUITE 1206

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

david@greengatefund.com

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

For information concerning this matter, please call:

ONE

917

952-9136

at ()

Name of Person

Area Code

Daytime Telephone Number

check for the following amount:

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
Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

STONE CAPITAL ADVISERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 09/03/2019 and assigned
document number L19000222979.

This document is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

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

Principal offices address, if applicable:

(Office address MUST BE A STREET ADDRESS)

Mailing address, if applicable:

(Address MAY BE A POST OFFICE BOX)

FILED
CLERK OF STATE
DIVISION OF CORPORATE
2019 DEC 12 AM 10:46

When changing the registered agent and/or registered office address on our records, enter the name of the new registered agent or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

Manager
Authorized Member

Name	Address	Type of Action
DAVID STONE	1504 BAY RD	Add
	SUITE 1206	Remove
	MIAMI BEACH, FL 33139	Change
		Add
		Remove
		Change
		Add
		Remove
		Change
		Add
		Remove
		Change
		Add
		Remove
		Change
		Add
		Remove
		Change

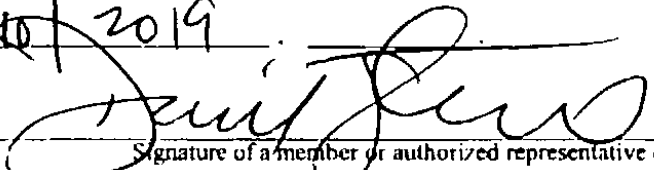
ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

date, if other than the date of filing: _____ (optional)

ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
t's effective date on the Department of State's records.

specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

12/10/2019


Signature of a member or authorized representative of a member

DAVID STONE

Typed or printed name of signee