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COVER LETTER

	ration Section on of Corporations	
SUBJECT:	STONE WAL	L MANAGEMENT LLC
SOBJECT	Name of	Limited Liability Company
The enclosed Ar	rticles of Amendment and fee(s) are	submitted for filing.
Please return all	Correspondence concerning this ma	tter to the following:
		Saleh Parvez Name of Person
	STONE	Firm/Company Grosvenor Shore Dr. Address
		Firm/Company
	6101	snosvenor shore Dr.
		Address
	Winder	City/State and Zip Code OBIEY2K @ Yahoo. Com
		City/State and Zip Code
		ess: (to be used for future annual report notification)
_	rmation concerning this matter, plea	se call:
Sa	leh parvez	at (407) 407 -748 - 067 + Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	heck for the following amount:	
\$25.00 Filir		
(Name	Change Certificate of Statu	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	ng Address:	Street Address:
_	stration Section sion of Corporations	Registration Section Division of Corporations
P.O. 1	Box 6327	The Centre of Tallahassee
Tallal	hassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TREBOOK TARY TALL AHASSE ZOZZ LLC on "LLC" or the abi	and assigned (TWO Woreviation "L.L.C."					
LLC on "LLC" or the abl	and assigned (TWO Woreviation "L.L.C."					
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on "LLC" or the abl	oreviation "L.L.C."					
, <u>enter the nam</u>	e of the new registered					
et addrass						
Enter Florida street address, Florida City Zip Code						
Florida	21. (2. 1.					

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

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
·			□Add			
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cord speci s filed.	fies a delaye	ed effective	date, but no	ot an effe	ctive time	, at 12:01	a.m. on th	e earlier of	:(b) ፐኩ	e 90th day a	fter th
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Typed or printed name of signee