M16000007792

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONERIDGE PARTNERS OF KENTUCKY, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: STONERIDGE PARTNERS OF KENTUCKY, LLC

Enter new principal office 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) _____

_____

2. The Florida document number of this limited liability company is: M16000000792

3. Jurisdiction of its organization: KENTUCKY

4. Date authorized to do business in Florida: 1/26/2016

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SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

_____

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
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.

_____
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Add the following as Manager

Title/ Capacity	Name	Address	Type of Action
MGR	DONALD L. CUMMINS	11845 GRAND ISLES LANE	☒ Add
		FORT MYERS, FL 33913	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

RICH TINSLEY

Typed or printed name of signee

Filing Fee: $25.00

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0936214.06 mstratton AMD
Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
6/10/2016 10:01 AM
Fee Receipt $40.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment LLA
(Limited Liability Company)

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. Name of the limited liability company on record with the Office of the Secretary of State is:
STONERIDGE PARTNERS, LLC
(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: THE FOLLOWING SHALL BE ADDED THE EXISTING LIST OF MANAGERS OF THE LLC: MANAGER - DONALD L. CUMMINS - 11845 GRAND ISLES LANE, FORT MYERS, FL 33907.

3. The date of adoption of each amendment was MAY 27, 2016

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers ✓ or members _____ in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____ (Delayed effective date and/or time)

6. The individual signing these articles of amendment is a (check only one): Member ✓ or Manager _____.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Member, Manager or Authorized Party	Printed Name	Title	Date
	Rich Tinsley	Manager, CEO/PRESIDENT	May 27, 2016
Signature of Member, Manager or Authorized Party	Printed Name	Title	Date

(01/13)

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