

Florida Department of State
 Division of Corporations
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L1600015765

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
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 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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RECEIVED
 2024 MAY 16 PM 1:03
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 KEYSTONE AMERICAN II, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEPT. OF STATE
 TALLAHASSEE, FL
 2024 MAY 16 PM 1:40
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keystone American II, 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 Liability Company were filed on 1/22/2016 and assigned Florida document number L16000015765

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

580 N. 4th St., Ste. 560

(Principal office address MUST BE A STREET ADDRESS)

Columbus, OH 43215

Enter new mailing address, if applicable:

580 N. 4th St., Ste. 560

(Mailing address MAY BE A POST OFFICE BOX)

Columbus, OH 43215

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

, Florida

33324

City

Zip Code

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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.

James Martin

James Martin - Assistant Secretary

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Susan D. Hudson	777 S Flagler Drive, Ste. 500E	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BroadStreet Partners, Inc.	580 N. 4th St., Ste. 560	<input checked="" type="checkbox"/> Add
		Columbus, OH 43215	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

