

L17000221278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

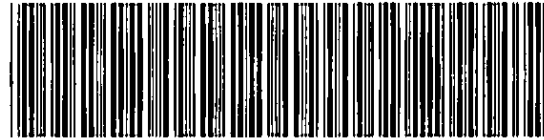
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700390036897

07/01/22--01015--005 **25.00

S. CHATHAM

SEP 30 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL -1 PM 3:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2795 KEYSTONE, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jeffrey P. Coleman

Name of Person

Coleman Law Firm

Firm/Company

581 S. Duncan Ave.

Address

Clearwater FL 33756

City/State and Zip Code

jeff@colemanlaw.com

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

For further information concerning this matter, please call:

Jeffrey P. Coleman

727

461-7474

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 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**

2795 KEYSTONE, 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 10-25-2017 and assigned
Florida document number L17000221278.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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>
AMBR	GEORGIA A. CHRISTOPOULOS	3017 KEY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTIOPH G. CHRISTOPOULOS	3017 KEY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMANTHA S. CHRISTOPOULOS	3017 KEY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<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
			<input type="checkbox"/> Change

FILED
20 JUL 24 PM 3:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS


22 JUL - 1 PM 3:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 JUL -1 PM 3:47

(If an effective 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)

If the record 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 record is filed.

Dated 6/22, 2022


Signature of a member or authorized representative of a member

JEFFREY P. COLEMAN, Esquire

Typed or printed name of signee

Filing Fee: \$25.00