L06000119110

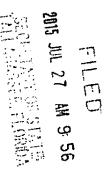
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COVER LETTER

TO:	Registration Sec Division of Corp	ction ** porations	•	
CUD IEC		E ENTERPRISES OF BREVA	ARD, LLC	
SUBJEC	·1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	·
Please re	turn all correspor	ndence concerning this matter	to the following:	
		DALE C. BRICKNER		
			Name of Person	10.00 = 10
KEYSTONE ENTERPRISES OF BREVARD, LLC				
			Firm/Company	
		401 RALEIGH RD SE		
		 	Address	··· ·
•		PALM BAY, FL 32909		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
DALE C	. BRICKNER		321 768-2301 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

FILED TO ARTICLES OF ORGANIZATION 9: 57

OF

SECPETARY OF STAFE TABLAHASSEE, ELORIDA

KEYSTONE ENTERPRISES OF BREVARD, LLC

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

(,p,	
The Articles of Organization for this Limited Liability Company	were filed on DECEMBER 1	14, 2006 and assigned
Florida document number L06000119110		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" 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 of	Goo address on our ross	rds anter the name of the new
registered agent and/or the new registered office address here		rus, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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>	Address	Type of Action
MGRM	STEPHANIE A RINALDI	401 RALEIGH RD SE	
		PALM BAY, FL 32909	□ Remove
			Change
			Add
			_ □ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Change
		-,	☐ Remove
			Change
			Add
			_ □ Remove
			□ Change

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	FILED Sur 27 M
E. Effective date, if other than the date of filing:	nt to 605 0207 (3)(15)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the (b) The 90th day after the record is filed.	earlier of:
Dated 7/24/ , 2015 .	
Signature of a member or authorized representative of a member	
DALE C. BRICKNER	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00