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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: equitytrustfinancialllc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EQUITY TRUST FINANCIAL LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	EQUITY TRUST FINANCIAL LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	an our records.)	
The Articles of Organization for this Limited I Florida document numberL0900011233 This amendment is submitted to amend the fol	8	OVEMBER 19, 2009	_ and assigned
a. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
KEY CONSTRUCTION LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<u> </u>
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		:	8
nter new mailing address, if applicable:		32	
(Mailing address MAY BE A POST OFFICE BOX)			က္က
B. If amending the registered agent and/or agent and/or the new registered office address.		cords, enter the name	of the new registe
Name of New Registered Agent:	NICHOLAS IONASHKU		<u> </u>
New Registered Office Address:	2274 NABBLE LN		
		da street address	
	NORTH PORT		38
	Cin.		Zin 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>	Name	Address	Type of Action
AMBR	NICHOŁAS IONASHKU	2274 NABBLE LN	
		NORTH PORT, FL 34288	□Remove
			Change
AMBR	SVETLANA IONASHKU	2274 NABBLE LN	□Add
		NORTH PORT, FL 34288	□ Remove
			☐ Change
			☐ Add ☐ Remove:
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Note: If the	date inserted in this block does not effective date on the Department of	ot meet the applicabl	e statutory filing require	ments, this date will not b	be listed as th
he record spec ord is filed.	cifies a delayed effective date, but	not an effective time	, at 12:01 a.m. on the ea	urlier of: (b) The 90th da	y after the
Dated	DECEMBER 7	2020			
			2		
	Signature o	To average or authori	and representative of a men	her	

Filing Fee: \$25.00

Typed or printed name of signee

December 4, 2020

To Whom It May Concern:

I, Nicholas Ionashku, will not revoke the Articles of Dissolution submitted on December 4, 2020 for Key Construction Inc. I voluntarily dissolved this company and will be submitting a name change for this same name with another company that I own.

Thank you for your help in this matter.

Sincerely,

Nicholas Ionashku

President

DANIELLE GRIFFITHS lotary Public-State of Florida ommission # GG 935526 ty Commission Expires December 02, 2023

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