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### **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT

# Keystone International Services 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:

## **Dennis Morimoto**

Name of Person

# Keystone International Services LLC

Firm/Company

2084 Derby Glen Dr.

Address

Orlando, FI 32837

City/State and Zip Code

shao7710@aol.com

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

For further information concerning this matter, please call:

## **Dennis Morimoto**

<sub>,,,</sub>407<sub>、</sub>431-1014

Name of Person

Area Code & Davtime 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Keystone International Services 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 Liab	ility Company were filed on 4	August 02, 2013	and assigned
Florida document number 46-3352219	<u> </u>		SECRETOR 15
This amendment is submitted to amend the follow	ing:		688
A. If amending name, enter the new name of the			PHIE:
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Cor	npany," the designation	"LLCorithe abbreviatio
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Dennis Morimoto		
New Registered Office Address:	2084 Derby Glen Dr.	70	
		Enter Florida street a	
	Orlando City	, Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Tomomi Morimoto	2084 Derby Glen Dr. Orlando, Fl 32837	Add
			Remove
MGRM	Julia Kim	2084 Derby Glen Dr. Orlando, Fl 32837	Add
			Remove
			Add
		ECANA Section	Remove
		FLORDA	PH Zi Add
			Remove
			Add
			Remove
			Add
			Remove

. If amending any other informat	ion, enter change(s) here: (Attach additional sheets, if necessary.)	)
•		•
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ated October 10	2013	<del></del>
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Sign	nature of a member or authorized representative of a member	
Dennis Morimot	•	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

FILED
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