(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

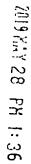
Office Use Only

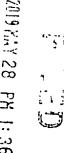


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R. WHITE JUN 1 5 7019





## **COVER LETTER**

FO: Registration S Division of Co			
	NE BUILDS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	muted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen L. McBride		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
	Keystone Builds LLC		
		Firm/Company	
	6538 Patti Street		
		Address	
	Keystone Heights, FL 326	56	
	<del></del>	City/State and Zip Code	
	temple96@msn.com		
	E-mail address: (	to be used for future annual report notif	cation)
For further information	concerning this matter, please ca	ali·	
Janet Temple		352 473-7600	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S25 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:

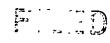
TO:

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 BUILDS LLC

2019 MAY 28 PM 1: 36

(Name of the Limited Lia (A Flo	ibility Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number L14000095214		. 2014 and assigned
This amendment is submitted to amend the following	Ţ.	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
The state of the s		
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:		
New Registered Office Address.	Enter Florida si	reet address
		, Florida
	Сиу	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	id complete performance of my o d agent as provided for in Chap tered office address. I hereby co	huies, and I am familiar with and ter 605, 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
MBR	Stephen L. McBride, Jr.	6538 Patti Street Keystone Heights, FL 32656	Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
		<u> </u>	Change
<del></del>			D Add
		□ Remove	
		Change	
		□ Remove	
		Change	
		□ Add	
		Remove	
			☐ Change

	· · · · · · · · · · · · · · · · · · ·
(If an et	tive date, if other than the date of filing:
docui	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	May 23, 3019  Signature of a member drafthorized representative of a member
	Stephen L. McBride

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00