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(Re	equestor's Name)	
(Ac	ddress)	
(Àd	ddress)	
(Ci	ity/State/Zip/Phone	<del>(</del> #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	<del>=</del> )
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF SECTIONS
OF CORPORATIONS

N COOPER JUN 01 2018

# **COVER LETTER**

TO:		istration Sec sion of Corp			
SURI	JECT:	Keystone Pr	operty Investments, LLC		
		· · · ·	Name of Lim	ited Liability Company	
The e	nclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspoi	idence concerning this matter	to the following:	
			Jorge Fajardo		
			<del></del>	Name of Person	
			Keystone Property Investo	nents, LLC	
				Firm/Company	
			8950 SW 74 Court, Suite 2	2201 A-57	
				Address	_ <del> </del>
			Miami, FL 33156		
				City/State and Zip Code	
			jorge@kpihouses.com		<del></del>
			E-mail address; (	to be used for future annual report in	otification)
For fu	irther in	formation co	oncerning this matter, please ca	all:	
lorge	Fajardo	ŀ		786 363-0128 at ()	
		Name of	Person	Area Code Days	time Telephone Number
Enclo	sed is a	check for the	e following amount:		
■ Si	25.00 Fi	ling 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, F1, 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

mpany as it now appears on our records.) ited Liability Company)	
oany were filed on 12/03/2015	and assigned
liability company here:	
.iability Company," the designation "LLC" or	the abbreviation "L.L.C."
5)	
	CRE CRE
	<u> </u>
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	OR AS
	20 1100 1100
d office address on our records, <u>e</u> <u>here</u> :	enter the name of the
Enter Florida street address	
, Floric	laZip Code
	d office address on our records, ehere:  Enter Florida street address  Florida street address  Florida street address

### 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>	Address	Type of Action
MGR	Ruby S Steward	Same	Add
			□ Remove
			☐ Change
AMBR	Ruby S Steward	Same	
			☐ Remove
			☐ Remove
			☐ Change
			Remove
			Change
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			Remove
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	ust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil	
record specifies a delaye The 90th day after the re	ed effective date, but not an effective cord is filed.	time, at 12:01 a.m. on the earlie
ted May 29	2018	
	Ausy Herard Signature of a member of authorized representation	

Page 3 of 3

Filing Fee: \$25.00