Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000067068 3)))



H210000670583ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

: (305)675-5944

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEYSTONE PROPERTY INVESTMENTS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

* SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keystone Property Investments, LLC		
(Name of the Limited Life (A Flo	bility Company as it now appears on our re rida Limited Linbility Company)	cords,
The Articles of Organization for this Limited Liability Florida document number L15000202027		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>en</u> :	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
<u></u>	, Florida	
	Ciry	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 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jorge Fajardo		
			≅Remove
			□ Change
		☐Add	
	· ·	□Remove	
			Change
		□Add	
		□ Remove	
			Change
			□Add
		□Remove	
			□ Change
			Remove
		<u></u>	Change
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (optional) (If an effective date is fisted, the date must be specific and cantus be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 (b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 2-17-2021 Juige Farardo Typed or printed name of signee

Filing Fee: \$25.00