L170000016330

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100302283801

08/09/17--01021--021 **55.00

17 AUG -9 AM II: 49

AUG 1 0 2017 Y SULKER

COVER LETTER

Division of Corporations
SUBJECT: Keystone Prilling & Network 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:
Vilas Kevadia. Name of Person
Keystone drilling & Network LL&
5219-String Side of
6 Neudo - FC 32819 City/State and Zip Code
BVR123 @ MSN · Co M E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Romesh Kevudia at 407, 949-4041 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Keystonie drilling & Network LLC

(Name of the Limited	Leiability Compa Viability Compa Viability Compa	any as it now appears on ou Liability Company)	r record <u>s.</u>)	
The Articles of Organization for this Limited Lial Florida document number <u>L17000</u> 78		were filed on 4	5/201	7 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	oility company here:		
The new name must be distinguishable and contain the wor				
The new name must be distinguishable and contain the wor				
Enter new principal offices address, if applical	ble:	AMBR-VIL	as Keru	olia
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5219-Spring Side of			, orlando-	
		_ FV328	19	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
			·	-
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address her	<u>·e</u> :		the mame of the new
Name of New Registered Agent:	Romes	4 Keeredia		
New Registered Office Address:	5219	String Side	et uddress	
	Orlew	lo Citv	, Florida	32819
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 ompany 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
AP	ANDRADE IDALECI	0-5219 Spring Side ct	🗆 Add
		Orlando - FC- 32819	Remove
		 	Change
NOR	vilas Kevudia	5219-Spring Sidect	Add
		Orlando-FL-3289	Remove
	1		_ L Change
NOR	Romest Keindig-	5219 springsidect	O Add
		Oslando - Ft- 32819	□ Remove
	}		LE Change
			D Add
			□ Remove
			☐ Change
			Add5
	1		Remove
		ORIU	Change
			Remove
			□ Change

		
	/	
1	<u> </u>	===
		AUG
		<u> </u>
	 نیا ســ لنا	3 17
	FOR RECEIVED	_ =
		6.4
Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filing the date inserted in this block does not meet the applicable statutory filing the date inserted in this block does not meet the applicable statutory filing the date in the date inserted in this block does not meet the applicable statutory filing the date in the d	more than 90 days after filing.) Pursi ing requirements, this date will n	uant to 605.020 not be listed a
document's effective date on the Department of State's records.		
and an aritimate of all and afficient and af	. Maria - 24 12 201 - 2 - 2 - 41	
ne record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12.01 a.m. on ti	ie earner (
1 . 1		
Dated 8 3 2017		
Dated 8 13 (2017 Pometh K		
Signature of a member or authorized representative	ve of a member	
Romesy Kevalia Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00