L190000 79683

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COVER LETTER

	Registration Se Division of Cor			
CUDITE.		KEYSTONE PROPERTIES, L	I.C	
SUBJEC [*]	1:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		GEORGE KONTOS		
			Name of Person	
		KONTOS KEYSTONE PI	ROPERTIES LLC	
			Firm/Company	
		2605 KEYSTONE ROAD		
			Address	
		TARPON SPRINGSL FL	34688	
			City/State and Zip Code	
		stacy@kontosroofing.com		
			to be used for future annual report notificatio	n)
For furthe	r information c	oncerning this matter, please ca) } :	
STACY	DEGRANDIS		727 938-6900 at ()	
	Name o	f Person	Area Code Daytime Tele	phone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center O Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KONTOS KEYSTONE PROPERTIES, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records, nited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 03/21/2019	and assigned
Florida document number L19000079683		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		15 T
		29 P
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>s here</u> :	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T" b	
	, F10	rida 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 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>	<u>Address</u>	Type of Action
AMBR	GEORGE KONTOS	207 N FLORIDA AVE	
		TARPON SPRINGS FL 34689	□ Add
			□ Remove
			Change
AMBR	MIHALIA KONTOS	207 N FLORIDA AVE	
		TARPON SPRINGS FL 34689	□ Add
			☐ Remove
			☐ Change
			Remove
			29 Change
			Augu Augu
			☐ Remove
			□ Change
			□ Remove
			☐ Change
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te: If the date in	iserted in this block	does not meet th	ne applicable stat		ments, this date will not	
ument's effectiv	ve date on the Depa	riment of State's	records.			
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ed <u>3/28/2019</u>						
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—,—	Sig	nature of a membe	r or authorized rep	resentative of a mem	ber	

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Filing Fee: \$25.00