L19000134227

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COVER LETTER

TO:	Registration Se Division of Cor						
CHD IEZ	KARAVA	N KEYSTONE JLLC					
SOBJEC	-li <u></u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Eugenio Gonzalez					
			Name of Person				
		Eul Associates, LLC					
		-	Firm/Company				
		2333 Brickell Ave. Suite I)-				
			Address				
		Miami Fl. 33129					
		City/State and Zip Code					
		eulassociates@gmail.com					
		E-mail address; (to be used for future annual report notif	feation)			
For furth	er information c	oncerning this matter, please ca	all:				
Eugenio	Gonzalez		305 5056853 at ()_	_			
	Name o	f Person	at ()	: Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$ 25.0	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

KARAVAN KEYSTO	ONE, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears ability Company)	on our records.)	
the Articles of Organization for this Limited Liability Company value document number $\frac{L19000134227}{L19000134227}$.	were filed on	May 17, 2019	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company <u>her</u>	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability"	ty Company," the des	ignation "LLC" or the a	bhreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			2019 JU
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on :	our records, <u>enter</u>	1945 To 1977
Name of New Registered Agent:			<u> 경취</u> 일대 원
New Registered Office Address:	Futer Florie	la street address	
	Line Thin		
		, Florida	

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
MGR	FRANCISCO SUAREZ	2333 Brickell Ave, Suite D1 Miami, F1 331 29	Add
			□ Remove
			□ Change
MGR	LUIS R SUAREZ	2333 Brickell Ave. Suite D1 Miami. Fl 33129	
			Remove
			Change
			□ Remove
			20 Change The Change T
			☐ Remove
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			Remove
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			Add
			Remove
			☐ Change

The 90th day after the record is filed. Dated May, 31 Dated 2019	_
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Dated	505,0
The 90th day after the record is filed. Dated	
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Signature of a meinter of authorized teprocentative of a member	

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Filing Fee: \$25.00