L19000212682

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COVER LETTER

SUBJECT: Name of Limited Liability Company	
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: Shawn Quill	
Shawn Quill Shawn Quill Name of Person Gulf Building LLC Firm/Company 633 South Federal Highway, Suite 500 Address Fort Lauderdale, FL 33301 City/State and Zip Code shawnq@gullbuilding.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn Quill 954 492-9191 at ()	
Shawn Quill Name of Person Gulf Building LLC Firm/Company 633 South Federal Highway, Suite 500 Address Fort Lauderdale, FL 33301 City/State and Zip Code shawnq@gultbuilding.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn Quill 954 492-9191 at ()	
Name of Person	
Shawn Quill Shawn Quill Shawn Quill Name of Person Gulf Building LLC Firm/Company 633 South Federal Highway, Suite 500 Address Fort Lauderdale, FL 33301 City/State and Zip Code shawnq@gultbuilding.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Puill Name of Person Aren Code Daytine Telephone Number Lis a check for the following amount: On Filing Fee Certificate of Status Certified Copy (addinanal copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahbassee	
Firm/Company 633 South Federal Highway, Suite 500 Address Fort Lauderdale, FL 33301 City/State and Zip Code shawnq@gulfbuilding.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn Quill 954 492-9191 at (
### Division of Corporations GULF KEYSTAR: A FLORIDA JOINT VENTURE: LLC	
Fort Lauderdale, FL 33301 City/State and Zip Code shawnq@gultbuilding.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawn Quill 954 492-9191 at ()	
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Shawn Quill 954 492-9191 at ()	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status	
Division of Corporations Division of Corporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GULF KEYSTAR, A FLORIDA JOINT VENTURE, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000212682}{L19000212682}$.	were filed on <u>08/20/2019</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	, p. 1	202	
(Principal office address MUST BE A STREET ADDRESS)		: = :1	
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	Y		
Enter new mailing address, if applicable:		PX	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	<u>e of the new registered</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with and if this document is	

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	<u>Address</u>	Type of Action
MGR	Keystar Construction Inc	506 Fleming Street Key West, FL 33040	🗆 Add
			≣Remove
			□Change
MBR	Keystar, Inc	506 Fleming Street Key West, FL 33040	≣Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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ective date, if other than the c	lata af filings		(optional)	
reflective date is listed, the date must	be specific and cannot be prior to da		ys after tiling.) Pursuant	
te: If the date inserted in this blo nument's effective date on the De		statutory filing requiremen	its, this date will not i	be listed a
ecord specifies a delayed effective	date, but not an effective time,	at 12:01 a.m. on the earlier	r of: (b) The 90th da	y after the
s filed.				
June 17	2021			
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Filing Fee: \$25.00