Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARDNER BREWER MARTINEZ-MONFORT, P.A.

Account Number: 120060000058

Phone : (813)221-9600

: (813)221-9611

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cbrewer@gbmmlaw.com

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TREGRATIONS
TREGRATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEYSTONE WINTERS HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

July 21, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

KEYSTONE WINTERS HOMES, LLC 17633 GUNN HIGHWAY, UNIT 335 ODESSA, FL 33556

SUBJECT: KEYSTONE WINTERS HOMES, LLC

REF: L20000160659

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell FAX Aud. #: H20000233548

Regulatory Specialist II Supervisor Letter Number: 420A00013726

COVER LETTER

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p.3

ro: Registration Se Division of Cor			
	E WINTERS HOMES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Christopher W. Brewer		
		Name of Person	
	Gardner Brewer Martinez-	-Monfort, P.A.	
		Firm/Company	
	400 North Ashley Drive, S	Suite 1100	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	
	cbrewer@gbmmlaw.com	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	•	,
	oncoming this matter, prease t		
Christopher W. Brewer	·	813 221-9600 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
當 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sect	et au

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H20000233548 3)))

2000 20 012-01

(A Florida Lie	Company as it now appears on our records.) mited Liability Company)	
ne Articles of Organization for this Limited Liability Comorida document number <u>L20000160659</u> .	npany were filed on June 16, 2020	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	d liability company here:	
e new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered o	ffice address on our records, enter the	name of the new regi
ent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
		Zip Code
ew Registered Agent's Signature, if changing Registered A	City Florid	

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

(((H20000233548 3)))

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

Fax

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas J. Barr	17633 Gunn Hwy, Unit 335	□Add
		Odessa, FL 33556	■ Remove
MGR	Keystone Communities, LLC	17633 Gunn Hwy, Unit 335	■ Add
		Odessa, FL 33556	□ Remove
			Change
			□ Add
			□ Remove
			Change
			🗖 Add
		<u> </u>	
			□Change
	<u> </u>		□ Add
			Remove
			Change
			□ Add
			Remove
			O.C

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Signature of a member or authorized representative of a member		Signature of a member or authorized representation	entative of a member
Christopher W. Brewer, authorized representative	·	Typed or printed name of si	ignee

Filing Fee: \$25.00