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COVER LETTER

Registration Section

TO:

Division of Corpo	orations		
Keystone Boo	okkeeping and Busines Solut	ions LLC	
SODILETT	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jeffrey S Pilson		
	•	Name of Person	
	Keystone Bookkeeping an	d Busines Solutions LLC	
		Firm/Company	
	701 Tropical Dr.		
		Address	
	Bradenton, FL 34208		
	jspilson@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information cor	ncerning this matter, please c	all:	
Jeffrey S Pilson		941 920-3555 at ()	
Name of I	rerson	Area Code Daytir	ne Telephone Number
Enclosed is a check for the			
S25.00 Filing Fee	■ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se	ection	Street Address: Registration So	
Division of Co P.O. Box 6327	•	Division of Co The Centre of	
Tallahassee, FI			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keystone Bookkeeping and Busines Solutions 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 were filed on $\frac{06/28/2021}{1}$ and assigned Florida document number L21000297646 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Keystone Consulting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 701 Tropical Dr. Enter new principal offices address, if applicable: Bradenton, FL 34208 (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new_registered office address here: Same Name of New Registered Agent: Same New Registered Office Address: Enter Florida street address

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 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>	Address	Type of Action
		Same	□Add
			□Remove
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ecord specifies a delayed effe	ective date, but not an a	effective time, at 12:	01 a.m. on the ea	arlier of: (b) T	he 90th day after th
is filed.	Jane, Jane,			<u> </u>	•
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Filing Fee: \$25.00