## L22000110114

(Re	equestor's Name)	,
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED 2022 JUN 28 AM 9: 39 SECRETARYS SECTIVES

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ALLAHASSEE, FLORE

Authorization Signature: Lud	0310000160 AMOUNT: 25.00
KEYSTONE HARBOR HOLDINGS 904 LLC BUSINESS	DOCUMENT #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DChange of Registered AgentDissolution/WithdrawalMergerConversionRevocation
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 524-624 PLEASE USE FUND FROM THE ACCOUNT: 120210000160 AMOUNT: 25.00 Authorization Signature: KEYSTONE HARBOR HOLDINGS 904 LLC DOCUMENT# BUSINESS Pick up time\_\_\_\_ Walk in \_\_\_ Will wait \_\_\_ Mail out Photocopy Certified Copy of Articles \_ Certificate of Status **AMMENDMENTS NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP Revocation REGISTERATION/QUALIFICATIONS OTHER FILINGS Foreign filing Annual Report \_Limited Partnership Reinstatement Fictitious Name Other APOSTILLE () Country EXAMINER'S INITIALS:\_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437

TALLAHASSEE, FL 32309

## **COVER LETTER**

TO: Registration Solution of Co			
	NE HARBOR HOLDINGS 904	LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GEORGE A. ALVAREZ	ESQ.	
		Name of Person	<del></del>
	LAW OFFICE OF GEORG	GE A. ALVAREZ	
		Firm/Company	
	10281 SUNSET DRIVE, S	SUITE 102B	
		Address	
	MIAMI, FLORIDA 33173		
		City/State and Zip Code	
	gcorgc@gaalawfirm.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
GEORGE ALVAREZ		305 270-1000 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022	FIL	ED
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<u>s.</u> )	νζζ,	

**KEYSTONE HARBOR HOLDINGS 904 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 Liabi	lity Company were filed on March 3, 2022	and assigned
Florida document number L22000110114	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered office address h		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florid	
	City	7.ip 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 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	NOSLEN TOLEDO	20400 SW 48TH PLACE	
		SOUTH WEST RANCHES, FLORIDA 33332	□Remove
			□Change
			□Add
			Remove
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
			Remove
			Change
-			□Add
			□Remove
			□Change

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a iment's effective date on the Department of State's records.	nending any other interior	ation, enter change(s) here: (Attach additional sho	
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records.  Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.  JUNE 02 , 2022			
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	JUNE 02	2022	
Signature of a member or authorized representative of a member		7	
O'Blinde of a monitor of all and representations of the second of the se		Signature of a member or authorized representative of a me	mber
TANYA TOLEDO			

Filing Fee: \$25.00