-aa 0001101

(Rec	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	JUN ZY ZOZ	VE ?

Office Use Only



500389969275

2022 JUN 28 AM 9: 45

FLORIDA CAPITAL COURIER SERVIC 2330 CLARE DRIVE	ES, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-624	
PLEASE USE FUND FROM THE ACCO	UNT: 120210000160 AMOUNT: 25.00
Authorization Signature:	Lut
KEYSTONE HARBOR HOLDINGS 509	
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	X Amendment
Not for Profit	Resignation of R.A. Officer/D
Limited Liability	Change of Dogistared Agent
	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Domestication Other	Dissolution/Withdrawal Merger
Domestication	Dissolution/Withdrawal
Domestication Other	Dissolution/Withdrawal Merger Conversion Revocation
Domestication Other CORP	Dissolution/Withdrawal Merger Conversion Revocation
DomesticationOtherCORP OTHER FILINGSAnnual Report	Dissolution/WithdrawalMergerConversionRevocation REGISTERATION/QUALIFICATIONForeign filingLimited Partnership
DomesticationOtherCORP OTHER FILINGS	Dissolution/Withdrawal Merger Conversion Revocation REGISTERATION/QUALIFICATION Foreign filing
DomesticationOtherCORP OTHER FILINGSAnnual Report	Dissolution/WithdrawalMergerConversionRevocation REGISTERATION/QUALIFICATIONSForeign filingLimited Partnership

(850) 524-5437 (850) 524-624 PLEASE USE FUND FROM THE ACCOUNT: 1202 J0000160 AMOUNT: 25.00 Authorization Signature: KEYSTONE HARBOR HOLDINGS 509 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

TALLAHASSEE, FL 32309

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

ision of Corp	oorations					
KEYSTON	E HARBOR HOLDINGS 509	LLC				
	Name of Limit	ted Liability Company				
1 Anicles of A	Amendment and fee(s) are subr	nitted for filing.				
all correspor	ndence concerning this matter t	o the following:				
	GEORGE A. ALVAREZ E	SQ.				
		Name of Person				
	LAW OFFICE OF GEORG	GE A. ALVAREZ				
		Firm/Company				
	10281 SUNSET DRIVE, S	UITE 102B				
	Address					
	MIAMI, FLORIDA 33173					
		City/State and Zip Code				
	george@gaalawfirm.com					
	E-mail address: (t	o be used for future annual report	notification)			
nformation co	oncerning this matter, please ca	dl:				
LVAREZ		, "	0			
Name of	Person	Area Code Da	ytime Telephone Number			
a check for the	e following amount:					
Filing Fee	☐ \$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)			
gistration S	Section	Registration	Section			
			Corporations of Tallahassee			
	Articles of A all correspond to the check for the check fo	Name of Limit I Articles of Amendment and fee(s) are subtable all correspondence concerning this matter to GEORGE A. ALVAREZ E LAW OFFICE OF GEORG 10281 SUNSET DRIVE, S MIAMI, FLORIDA 33173 george@gaalawfirm.com E-mail address: (to information concerning this matter, please can LVAREZ Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	REYSTONE HARBOR HOLDINGS 509 LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: GEORGE A. ALVAREZ ESQ. Name of Person LAW OFFICE OF GEORGE A. ALVAREZ Firm/Company 10281 SUNSET DRIVE, SUITE 102B Address MIAMI, FLORIDA 33173 City/State and Zip Code george@gaalawfirm.com E-mail address: (to be used for future annual report information concerning this matter, please call: LVAREZ Name of Person a check for the following amount: Filing Fee Solo Filing Fee & Certified Copy (additional copy is enclosed) illing Address: gistration Section Vision of Corporations Street Address Registration Division of Corporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	11	EI
SECRET.	و2	[
SECRETA ALL AHAS	60 Rv.	AH c
$\frac{\partial F}{\partial t}$ $\frac{\partial F}{\partial t}$	بالأر	JF Sj.

KEYSTONE HARBOR HOLDINGS 509 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SEE. FLO The Articles of Organization for this Limited Liability Company were filed on March 3, 2022 and assigned Florida document number ______1.22000110117 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florido street address _, 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.

City

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TANYA TOLEDO	20400 SW 48TH PLACE	= Add
		SOUTH WEST RANCHES, FLORIDA 33332	□Remove
			□Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
 			DAdd
			□Remove
			□Change
			🗇 Add
			Remove
			□Change
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change

										
										
	, « <u>-</u>					. <u></u>				
										
										
				· .		<u> </u>				
			··	·						
								······		
						<u> </u>				
	· · · · ·									
							-			
						· · ·		· <u>-</u>		
			· · ·					 		
		,					 			
n effective date in te: If the date	s listed, the da inserted in t	n the date of the must be specificated the this block does the Department	ic and cannot in not meet the	applicable	ate of filing of statutory f	or more than iling requi	90 days after	o nal) filing.) Pur s date will	suant to 605 not be liste	.0207 ed as
cord specifies s filed.	a delayed ef	fective date, bu	it not an effe	ctive time,	at 12:01 a.	m. on the	earlier of: (l) The 90	th day after	r the
JUNE 02		<u> </u>	, 2022	! ·						
		Signalure	of a member	or authorize	d representa	ative of a me	mber			
Mon	ENTOLE	•								
NOS.	LEN TOLE		Type	or printed n	me of viene					

Filing Fee: \$25.00