123000326792

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Keystone T	rucking SWFL1.LC		
30b/LC1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Barone		
		Name of Person	. 4.
	Keystone Trucking SWFL	LLC	
		Firm/Company	
	11495 Ranchette Rd.		
Name of Person Keystone Trucking SWFL1.LC Firm/Company 11495 Ranchette Rd. Address Fort Myers, FL 33966 City/State and Zip Code KeystoneTruckingSWFL@yahoo.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Aichelle Ramsey at (239) 281-5773			
	Fort Myers, FL 33966	•	
	KeystoneTruckingSWFL@yahoo.c		
	E-mail address: (to be used for future annual report notif	lication)
For further information c	concerning this matter, please c	all:	
Michelle Ramsey		at (239) 281-5773	
Name c	nt Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 : Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



September 16, 2023

JOSEPH BARONE KEYSTONE TRUCKING SWFL LLC 11495 RANCHETTE RD FORT MYERS, FL 33966

SUBJECT: KEYSTONE TRUCKING SWFL, LLC

Ref. Number: L23000326792

We have received your document for KEYSTONE TRUCKING SWFL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist III Internet Support

Letter Number: 923A00021383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our rec	ords.)
(A Florida L	imited Liability Company)	
he Articles of Organization for this Limited Liability Cor	3nly 10th, 2023	and agains of
1.23000326792	and assigned	
orida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
A		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
-tu	NA	
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRE</u>	<u>(SS)</u>	7. 2
nter new mailing address, if applicable:	NA	
· ·		
1ailing address MAY BE A POST OFFICE BOX)		
		
		. 28
. If amending the registered agent and/or registered o	office address on our records, <u>en</u> t	ter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office 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.

City

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
MGR	Michelle Ramsey		□Add
		11495 Ranchette Rd. Ft Myers, FL 33966	≣Remove
			□Change
MGR	Joseph Barone	11495 Ranchette Rd. Fort Myers, Fl 33966	■Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
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	4		🗀 Add
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			□Remove
			□Change

				
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			-	28
	A-4	<u></u> ,		
ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becoment's effective date on the I record specifies a delayed effecti	ust be specific and cannot be prior block does not meet the applic Department of State's records.	able statutory filing requ	irements, this date wil	I not be listed a
l is filed.				
August 20th	2023			
aledR		<u> </u>		
	uoni/	reigned companymenting of a m	unb.r	
	Signature of a member or author	orized representative of a m	ember	