P04000064517

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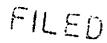
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: J & N KEYSTON	E OF FLORIDA, INC.		
	BER:P04000064517			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JOSE A. DELGADO			
		Name of Contact Perso	n	
		Firm/ Company		
	6900 NW 77 TERR.			
		Address	· · · · · · · · · · · · · · · · · · ·	
	MEDLEY, FL 33166			
		City/ State and Zip Coc	le	
	jvillar@villarcpa.com			
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	on concerning this matter, pleas	se call:	528-1677	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of



& N KEYSTONE OF FLORIDA, INC.		2021 NOV - 1 AMUL 10
(Name of Corporation a	s currently filed with the	
04000064517		1877 144380E F1701E
(Document	Number of Corporation (i	if known)
rsuant to the provisions of section 607.1006, Florida Stal Articles of Incorporation:	tutes, this <i>Florida Profit</i> (Corporation adopts the following amendment(s
If amending name, enter the new name of the corpo	ration:	
		The new
me must be distinguishable and contain the word "corpor nc.," or Co.," or the designation "Corp," "Inc," or hartered," "professional association," or the abbreviati	"Co". A professional	
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
		
If amending the registered agent and/or registered onew registered agent and/or the new registered office		, enter the name of the
new registered agent and/or the new registered orne	e address.	
Name of New Registered Agent		
((Florida street address)	
New Registered Office Address:	(City)	Florida (Zip Code)

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	ANTHONY DELGADO	6900 NW 77 TERR
X Add			MEDLEY, FL 33166
Remove			
2) Change	V	KEVIN DELGADO	6900 NW 77 TERR
X Add			MEDLEY, FL 33166
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a (Attach additional sheets.	if necessary). (B	e specific)				
	<u> </u>					
						
			 .			
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	.					
	10 0-1-10-00-11					
				•		
			·			
f an amendment provid	es for an exchano	e. reclassificatio	on, or cancellat	ion of issued s	hares.	
provisions for implement	nting the amendm	ent if not conta	ined in the am	endment itself	<u> </u>	
(if not applicable, in	dicate N/A)					
			·			
						<u> </u>

17172021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
1/1/2021	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated	
(By a director, president or other officer – if directors or officers have not be	ocen
selected. An incorporator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	
JOSE A. DELGADO	
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	
(Title of person signing)	