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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Amberstone LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David J; Bernstein Name of Person	
Amberstone, LLC Firm/Company	
14801 Patterson Rd. Address	
Odessa FL. 33556  City/State and Zip Code  Amberstone construction @ yahoo, con  E-mail address: (to be used for future annual report notification)	ካ
For further information concerning this matter, please call:	
David J. Bernstein at (727) 809-5353  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  □ Certificate of Status  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Amberstone	LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on Fcb 2 2004 and assigne	ed
Florida document number 1040001207.6		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	liability company here:	
· <u></u>		
The new name must be distinguishable and contain the words "Limited Li-	iability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)	2	
		₹;
Enter new mailing address, if applicable:	Same 5	
(Mailing address MAY BE A POST OFFICE BOX)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	- vert	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the	he nev
	<del></del> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ot:</u>	

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 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 a or removed from our records:				
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address Ty	ype of Action	
<u>AmB</u> R	mike Procissi	1175 NE CLeveland St of Clearwater, FL. 337.55	☑ Add	
). M D O	Ma 1/ - C 11:		□ Change	
<u>AMB</u> R	mike Collier	299 Mae Ct. Palm Harbore FL. 34683	Add □ Remove	
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Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00