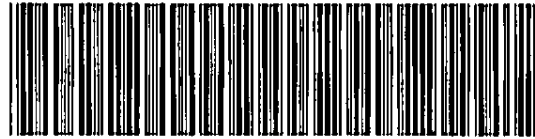


L04000012076



600369288716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FL

BRUCE
OCT 07 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2021

DAVID J BERNSTEIN
14801 PATTERSON RD
ODESSA, FL 33556

SUBJECT: AMBERSTONE L.L.C.
Ref. Number: L04000012076

2021 OCT -1 PM 3:33
SECTION OF STATE
TALLAHASSEE, FL

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We have received your document for AMBERSTONE L.L.C. 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 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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 721A00021514

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
TAMPA FL 335

Odessa, FL 33556
City/State and Zip Code

Amberstoneconstruction@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

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 & 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Amberstone, 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 Liability Company were filed on 2/02/2004 and assigned Florida document number LC4000012076

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 "L.L.C."

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 Florida street address

Florida

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

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2021 OCT -1 PM 3:32
STATE OF FLORIDA
TALLAHASSEE, FL

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 | Name | Address | Type of Action |
|-------|----------------------------|--|---|
| MGR | Sarah Asley Bernstein | 14801 Patterson Rd. Odessa, FL. 33556 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Miguel A. DaSilva Eriksson | 14801 Patterson Rd. Odessa, FL. 33556 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Daniel J. Bernstein | 14801 Patterson Rd. Odessa, FL. 33556 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

SECRET
 2021 OCT 1 11:33 AM
 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Sept 7, 2021

Signature of a member or authorized representative of a member

David D. Bernstein

Typed or printed name of signee