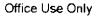
L04000012076

(Requestor's Name)
(Address)
(Address)
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(Business Entity Name)
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T. MATTHEWS
JUL 14 2022

	Registration Se Division of Cor						
elm lec	Amberstone	e, IIc.					
SUBJEC	.1:						
The enclo	osed Articles of	Amendment and fee(s) are sub	nitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		David J. Bernstein					
			Name of Person				
		Amberstone,llc					
			Firm/Company	-			
		14801 Patterson Rd.					
	Address						
		Odessa, Florida, 33556					
		City/State and Zip Code					
		Amberstoneconstruction@y	ahoo.com to be used for future annual	report notifi	reation)		
For furth	er information c	oncerning this matter, please ca		report noun	icanon)		
David J.	Bernstein		,	9-5353			
	Name o	of Person	Area Code	Daytime	Telephone Number	_	
Enclosed	l is a check for t	he following amount:					
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		Sectificate of Certified Copy (additional copy i	Status & y	
	Mailing Addres		Street A				
	Registration 8 Division of C		_	ration Secon of Corp			
	P.O. Box 632	•		•	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FREE TARY OF STATE OF S

22 MAY 16 PM 2: 43

Amberstone, llc.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(*	A Florida Ellilled Liability Company)	
The Articles of Organization for this Limited Lia Florida document number LO4000012076		02/2004 and assig
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company l	<u>iere</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or re agent and/or the new registered office address	-	records, enter the name of the new i
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl	orida 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
ambr	Mike Procissi	1175 NE Cleveland St., Clearwater, Fl. 33755	□Add
		(remove)	Remo
			□Chang
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			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing: (optional)
(If an e	ffective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day affiled.
Date	1 may 10 2022.
	Signature of a member or authorized representative of a member
	DAMA > RERNETETN
	DAUID J. BERNSTEIN Typed or printed name of signee