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COVER LETTER

BLUESTONE DEVELOPMENT LLC SUBJECT: 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: Drew A. Shofner Name of Person Firm/Company 3524 S. Rosalind Ave Address Orlando, FL 32806 City/State and Zip Code Drew@BluRockCommercial.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Drew Shofner** 295-3998 Name of Person 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 Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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 ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

DEGESTORE DEVELORMENT LEC		
(<u>Name of the Limited Li:</u> (A Fl	ability Company as it now appears on our orida Limited Liability Company)	records.)
`	, ,	
The Articles of Organization for this Limited Liability	ty Company were filed on 10/23/20	and assigned
Florida document number L20000336632	·	<u> </u>
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
AmeriStone Holdings LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	<u></u>
		0
		9. 3.
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		
		₹
B. If amending the registered agent and/or register		enter the name of the new register
agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
		FD 4.5
	City	, Florida Zio Code
New Registered Agent's Signature, if changing Regist	•	
I hereby accept the appointment as registered age		
provisions of all statutes relative to the proper an accept the obligations of my position as registered		
being filed to merely reflect a change in the registered		

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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