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	Account Name : EXPRESS CORPORATE FILI	ING SERVICE INC.
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FLORIDA LIMITED LIABILITY CO. AMBER DESIGN ONE LLC

Certificate of Status	0
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FILED

ARTICLE 1 - Name:

To:

The name of the Limited Liability Company is:

20,4 MAY 21 AM 8: 47

AMBER DESIGN ONE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

TAL LAHASSEE FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
614 ROCHESTER LOOP	614 ROCHESTER LOOP
DAVENPORT FLORIDA 33897	DAVENPORT FLORIDA 33897

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indivioual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

L & J ACCOUNTING	TINC	
	Name	
13499 BISCAYNE B	LVD SUITE M4	
Florida street address	(P.O. Box NOT ac	cceptable)
NORTH MIAMI	FL	33181
City	State	Zip

Having heen named as registered agent and to accept service of process for the above stated limited liability—ompany at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating 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 60: F.S..

Registered Agent's Signature (REQUIRED)

__(CONTINUED)___

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AMBR	GIANCARLO ARIEL CHAVEZ 614 ROCHESTER LOOP DAVENPORT FLORIDA 33897
AMBR	XIAOHUI XIA CHAVEZ 614 ROCHIESTER LOOP DAVENPORT FLORIDA 33897
i effective date is listed, the date mu ate of filing.)	the date of filing:
REQUIRED SIGNATURE:	Consends A Chares (May 21, 2024 135) (8.0 D.
This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

GIANCARLO ARIEL CHAVEZ

Typed or printed name of signee