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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

MAR 21 2016

S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Cor			·	
SUBJE	€CT•	Real Amb	oit International LLC		
50001		Name of Limi	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Luis De La Hoz		
			Name of Person		
		F	Real Ambit International LLC		
			Firm/Company		
			15851 Sicily Terrace		
			Address		5
			Wellington, FL 33414		- 50 -
			City/State and Zip Code		ون. درج
			luis@bodegasinteus.com		چند سند
For fu	rther information c	E-mail address: (oncerning this matter, please of	to be used for future annual report notif	ncation)	7
		onosing the matter pieces	••••		
L	uis De La Hoz Name o	f Person	at (954) 235-1572 Area Code Daytime Telephone Number		
5 }-	d * 3 1- P 3	6-11			
	25.00 Filing Fee	ne following amount: \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status}\$	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & y
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations	

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Real Ambit International LLC		
(<u>Name of the Limited Liability Company as it now appears</u> (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL15000113519	06/30/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		12 TA
Enter new mailing address, if applicable:		<u></u>
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter	the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flori	da 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 c provisions of all statutes relative to the proper and complete performance of t		

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juan Elosegui Benarroch	15851 Sicily Terrace, Wellington, FL 33414	f Add
			□ Remove
			Change
MGR	Luis De La Hoz	15851 Sicily Terrace, Wellington, FL 33414	d Add
			□ Remove
			Change
			🗆 Add
			Remove 9
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(If an effective date Note: If the date	if other than the date of is listed, the date must be speced inserted in this block does tive date on the Department.	cific and cannot be press not meet the app	olicable statutory fili	(option on the control of the contro	filing.) Pursuant to 60	5.0207 (3)(b) ted as the
	cifies a delayed effec by after the record is		not an effective	time, at 12:01 a	.m. on the earl	ier of:
Dated	March 15	2016				
	Signati	Michel ire of a member of a	metall uthorized representative	ve of a member		
	2.611411					
		Michel N				
		Linad or ni	rinted name of signee			

Page 3 of 3

Filing Fee: \$25.00