

L06000013831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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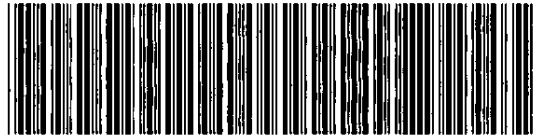
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
APR 14 2009  
EXAMINER



**Thomas R. Daniels, Esq.**  
**General Counsel**  
24 South River Street  
Wilkes-Barre, PA 18702  
Tel. 570/829-2101  
Fax: 570/824-9844  
[Tom.Daniels@Ambitfunding.com](mailto:Tom.Daniels@Ambitfunding.com)

April 9, 2009

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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09 APR 13 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RE: Ambit Cape Coral, LLC/#L06000013831**  
Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find a Cover Letter and an original and one copy of Articles of Amendment to Articles of Organization for Ambit Cape Coral, LLC for filing. We further enclose our check for \$55.00 to cover the necessary filing fee and certified copy fee. I have also included a self-addressed envelope for your convenience.

Thank you for your assistance in this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,  
Ambit Funding

By: *Thomas R. Daniels*  
Thomas R. Daniels, Esq.

TRD/hs  
Encls.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ambit Cape Coral, 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:

Thomas R. Daniels, Esq.  
(Name of Person)  
Ambit Funding  
(Firm/Company)  
24 South River Street  
(Address)  
Wilkes-Barre, Pennsylvania 18702  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas R. Daniels, Esq. at ( 570 ) 829-2101  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
09 APR 13 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBIT CAPE CORAL, 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 February 7, 2006 and assigned Florida document number L06000013831.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ambit Real Estate Holdings, LLC

The new name must be distinguishable and end with 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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

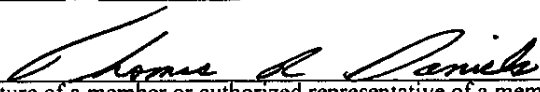
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ambit Originator I, LLC	24 South River Street Wilkes-Barre, PA 18702	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ambit Funding Advisor I, LLC	24 South River Street Wilkes-Barre, PA 18702	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 8, 2009

  
Signature of a member or authorized representative of a member

Thomas R. Daniels, Esq.  
Typed or printed name of signee

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