Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002110623)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

.......

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AMBITO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AMBIT	O, LLC			
(<u>Nar</u>	ne of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ars on our records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for	or this Limited Liability Company	y were filed on	03/20/2006	and assign	red
This amendment is submitted t A. If amending name, enter t	o amend the following: the new name of the limited liab	oility company he	ere:	2009 SEP :	
The new name must be distinguis	hable and end with the words "Lim	ited Liability Comp	oany." the designation	30 MIO:	reviation
Enter new principal offices ac	ldress, if applicable:	240 CRAND	ON BLVD., SUIT	百287 ←	
(Principal office address MUS	T BE A STREET ADDRESS)	KEY BISCA	YNE, FL 33149	> U	
Enter new mailing address, if (Mailing address MAY BE A F	- -	SAM	E		
	ed agent and/or registered of w registered office address her		our records, <u>enter</u>	the name of the	he nev
Name of New Registe	red Agent:				
New Registered Office	Address:	Et .	nter Florida street ad	dress	
		City	, Florida	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:

	<u>Name</u>	Address	Type of Action
			Add
		1	Remove
•			Remove
			SS Add
			STATE STATES
·			Remove
			<u></u>
*			Add Remove
If amen	ding any other information, ent	er change(s) here: (Attach additional sheets	Remove
If amen	•		Remove
If amen	•	er change(s) here: (Attach additional sheets	Remove
If amen	•	er change(s) here: (Attach additional sheets	Remove
If amend	•	er change(s) here: (Attach additional sheets	Remove

Page 2 of 2