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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

2012 HAR 22 AH 10: 2

J. SAULSBERRY EXAMINER

MAR 23 2012

COVER LETTER

Division of Corpor	rations			
SUBJECT: AND	BITION REA Name of Limi	ited Liability Company		
The enclosed Articles of Am	nendment and fee(s) are sub	bmitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
	TER	Name of Person		
	AM	Firm/Company	<u></u>	
	20	80 30+5 STREE	<u>T</u>	
	GA	Address Address City/State and Zip Code	SECRE SECRE	7017 HAR 22
-	KSO_IN E-mail address: (to be used for future annual report notifica	ASS ASS	822
For further information conc	erning this matter, please o	call:	Ers :	
TEPPILL Name of Pe	SALEM	at (941) 296 - 4 Area Code & Daytime T	FLORIDE STATE OF STAT	22
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en	

MAILING ADDRESS:

TO:

Registration Section

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

AMBITION	REALY, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number		/2012 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
N/A				
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the o	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	N/A	12 12		
(Principal office address MUST BE A STREET AD		三		
		<u> </u>		
Enter new mailing address, if applicable:	2/2	AM D: OF STA		
(Mailing address MAY BE A POST OFFICE BOX)		22 RID.		
B. If amending the registered agent and/or reg		rds, enter the name of the new		
Name of New Registered Agent:	1/A			
New Registered Office Address:	Enter Flori	da street address		
 -	City	, Florida Zip Code		
Naw Desictated Agent's Signature, if changing Degicts	•	1		

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>	Address	Type of Action
MGR	TERRILL L. SALEM	2080 3045 STREET SARAGOTA, FL 34234	Add Remove
			Add Remove
	-, 		Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	
		SSEE, I LOR OA	LED 22 AMB:
Dated		or authorized representative of a member	
	•	ー レ・SALEM or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00