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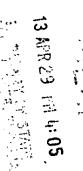
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MAY 02 POIS D. BUTLER

COVER LETTER

TO: Registration Section

Division of Corporations

Ambienta Global, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria West

Name of Person

American Architectural Millwork LLC

Firm/Company

PO Box 831

Address

Placida, FL 33946

City/State and Zip Code

mdill2007@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria West

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ S25 Filing Fee

■ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

<u>FIRST</u>	The name of the limited liability company is: Ambienta Global, LLC		
<u>SECO</u>	ND: The articles of organization or the application to transact business		
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:		
	्र 		
	* *		
	<u>OR</u>		
x	Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:		
	PLEASE REMOVE THE FOLLOWING MANAGER/MEMBERS:		
	- Jeffrey D. Thompson		
	- Robert Thompson		
Dated:	April 23rd / 2013		
	Signature of a member or authorized representative of a member		
	Maria West		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		