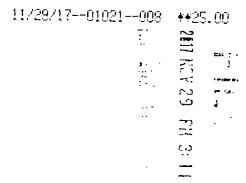
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(Re	questor's Name)	
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J. HARRIS

COVER LETTER

	Registration Sec Division of Corp			
SURIEC	AMBIENT	BUSINESS COUNCIL, LLC		
SUBJEC		Name of Limi	ited Liability Company	
The enclo	sed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		Carl M. Randall		
			Name of Person	Daytime Telephone Number □ \$60.00 Filing Fee. Certificate of Status &
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Carl M. Randall Name of Person AMBIENT BUSINESS COUNCIL. LLC Firm/Company 69 Pecan Pass Address Ocala, Fl, 34472 City/State and Zip Code crandall 1979@yahoo.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: Person Area Code S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
			Firm/Company	
		69 Pecan Pass		
			Address	
		Ocala, FL 34472		
			City/State and Zip Code	
		-	Name of Person SS COUNCIL, LLC Firm/Company Address City/State and Zip Code com ress: (to be used for future annual report notification) ase call:	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
Carl M. F	Randall		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

AMBIENT BUSINESS COUNCIL, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	Company were filed on 03/07/2016	and assigned
Florida document number L16000046366	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LI	.C" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		हा है।
Principal office address MUST BE A STREET ADD	RESS)	~ ~
		ist e s
Enter new mailing address, if applicable:		<u>ယ</u> ့
		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or regis	stared office address on our recor	de anter the name of the
registered agent and/or the new registered office add		us, enter the name of the
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. 1	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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	HERNANDEZ, JULNEH	703 E. ALASKA LN	■ Add
		HERNANDO, FL 34442	☐ Remove
			Change
			Add
			Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			☐:Add
			□'Rèmove
<u>_</u>			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if n	ecenaary.)
	· · ·
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fective date, if other than the date of filing:	ptional) after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:0	
The 90th day after the record is filed.	: , 2
ated NOVEMBER 27 2017	
P/11/0/1/	63 F
Signature of a member or authorized representative of a member	- 1
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Page 3 of 3

Filing Fee: \$25.00