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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: Ambassador In	ves tement Name of Limited Liability	Group, UC	-		
Dear Sir or Madam:					
The enclosed Statement of Correction and fee(s) a	re submitted for filing.				
Please return all correspondence concerning this r	natter to the following:				
Hani 5 Banou Name of Person	Ь				
Anbassador Investome	eat Group,	uc			
1540 Gulf Blvo	1. # 2103				
Clear water FC City/State and Zip Code	33767				
hani e advantage E-mail address: (to be used for future annua	Imple. 60	n	TAE SE		
For further information concerning this matter, plo	case call:		NOV 10 1		
Hani Banoub Name of Person	at (813)	245-8777 Daytime Telephone Number	PH D: 4		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	A		
Enclosed is a check for the following amount:					
☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (9/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	ction 605.0209, F.S., this document is being subm		
FIRST: The n	ame of the limited liability company is: Amb	assador Investem	ient
	Group, UC		
SECOND:	The Florida Document number of the limited li	<u> </u>	01247
THIRD:	Document to be corrected is: Name	e (Spelling)	
!	CHECK THE APPROPRIATE BOX AND CO	OMPLETE THE APPLICABLE STA	TEMENT
	ins an incorrect statement. The incorrect statement are as follows:	nt, the reason the statement is incorrect,	and the corrected
PI	case Correct the s ame should read Investment Group	spelling of inva- Ambassador	stment.
	Investment Group	, LLC.	
<u>OR</u>	ı		
Was o	defectively signed. The manner in which the doculows:	ment was defectively signed and the ap	propriate correction are
			AHASSEE.T
<u>OR</u>			OF TO
The e	lectronic transmission of the record was defective.		会が、三
	Signature of Authorized Representative	Date	
Signature of n accepting the	ew registered agent, if applicable :(NOTE: if corrdesignation).	ecting the registered agent, the new reg	istered agent must sign
I hereby acceptorovisions of a obligations of	ad Agent's Signature, if changing Registered Ager to the appointment as registered agent and agree to till statutes relative to the proper and complete per my position as registered agent as provided for in the registered office address, I hereby confirm	o act in this capacity. I further agree to formance of my duties, and I am familic Chapter 605. F.S. Or. if this document	ar with and accept the is heing filed to merely
	X A Printaged A	gent's Signature	
	Filing Fee:	\$25.00	
	Certified Copy:	\$30.00 (optional)	