L10000037062

-				
(Re	equestor's Name)	-		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
L1-37062				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/12/10--01006--012 **25.00

10 APR 27 PH 4: 13

10 APR 27 PH 4: 13

SECRET ARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Zero Carbon LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Luis Calleja	
Name of Person	
Firm/Company	
7201 Capilla Ct.	
Coral Gables, FC 33 143 City/State and Zip Code lecn 99@ yahoo. com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	}
For further information concerning this matter, please call:	j
Luis Calleja at (305) 989-1242 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status & Copy
Fil. Dept of State	al copy is enclosed)

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



April 13, 2010

LUIS CALLEJA 7201 CAPILLA COURT CORAL GABLES, FL 33143

SUBJECT: ZERO CARBON LLC Ref. Number: L10000037062

We have received your document for ZERO CARBON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missin page 2 of the Amendment form with signature. I am enclosing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 910A00009020

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zero Carb	on LLC	TALLAHASSEE, FLORIDA.	
(<u>Name of the Limited I</u> (A F	Liability Company as it now a lorida Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 1 000003</u>	bility Company were filed on 7062.	4-06-10 and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability compan	<u>y here</u> :	
Mambos Cafe L	-LC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		on our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv	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 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 bur records:

'MGR = Ma MGRM = N	inager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			— —
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional shee	ets, if necessary.)
			FILED 10 APR 27 PM 4: 1 SECKETAKY OF STATE FALLAHASSEE FLOR
Dated _ G	int 20,20(0,	·	aba 3
	Signature of a mer	nber or authorized representative of a mo	ember

Page 2 of 2

Filing Fee: \$25.00