

L11000142961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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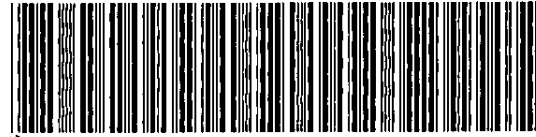
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 16 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAMBOs CCP, 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:

RAUL ARIAS

Name of Person

MAMBOs CCP, LLC

Firm/Company

311 NORTH THIRD ST #103

Address

JACKSONVILLE BEACH FL 32250

City/State and Zip Code

Mambos Cuban Bistro @ Yahoo.com

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

For further information concerning this matter, please call:

RAUL ARIAS

Name of Person

at (904) 803 9797

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAMBOS CCP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/21/2011 and assigned
Florida document number L11000142961.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PAUL ARIAS

New Registered Office Address:

311 North THIRD Street

Enter Florida street address

JACKSONVILLE BEACH

Florida

32250

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 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.

RLC
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

Title	Name	Address	Type of Action
MGRM	ADVANCE Construction Company LLC	2172 DEER RUN TRAIL JACKSONVILLE FLORIDA 32224	☐ Add ☒ Remove
MGRM	ALPHA & OMEGA Ent Inc	3701 DANFORTH DRIVE Suite 1315 JACKSONVILLE FL 32224	☐ Add ☒ Remove
MGR	ADVANCE Construction Company LLC	2172 DEER RUN TRAIL JACKSONVILLE FLORIDA 32224	☒ Add ☐ Remove
MGR	ALPHA & OMEGA Ent Inc	3701 DANFORTH DRIVE Suite 1315 JACKSONVILLE FLORIDA 32224	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

4/11 2012

*

RAC

Signature of a member or authorized representative of a member

RAUL ARIAS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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