41000142961

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
·				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
(2004/10/11/11/25/)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900235055649

05/15/12--01016--001 **25.00

FILED

12 MAY 15 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORING

D. BRUCE

MAY 16 2012

EXAMINER

COVER LETTER

Division of Co					
SUBJECT:	PAMBOS CCP.	446			
	Name of Limit	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			,
Please return all corresp	ondence concerning this matter	to the following:			
	GiselA	QuesaDA			
		Name of Person			
	MAMBOS	LCP, LLC Firm/Company			
	12299 C	OBBLEFIELD CIR	cle NORTH		
		Address		A SE SE	
	JACKSONVIII	Address / Florida 32 City/State and Zip Code	224	HAY 15 CRETAR LAHASSI	
		City/State and Zip Code		ARNASSI ASSI	
	Man bos cuban E-mail address: (to	vhistno @ Yahoo. EOM o be used for future annual report notific	ation)	79 78 19 19 19 19 19 19 19 19 19 19 19 19 19 1	
For further information	concerning this matter, please ca		·	PM 12: 56 RY OF STATE SEE. FLORIDA	
6:sela	Quesa DA	at (904) \$53 - 6. Area Code & Daytime	3 60	DE O	
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
3\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	f Status &)

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

MAMbos CCP, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our recor ability Company)	'ds.)	
The Articles of Organization for this Limited Liability Company we Florida document number / //600 / 42 96/	vere filed on /2/21/ 2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability		12 HA	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the design	ation "Disc" or the abbreviation	
Enter new principal offices address, if applicable:		그의 그로 나타	
(Principal office address MUST BE A STREET ADDRESS)		STATE STATE	
		<u> </u>	
Enter new mailing address, if applicable:	12299 COBBLE NORTH JACKSONVILLE F	field Circle	
(Mailing address MAY BE A POST OFFICE BOX)	North		
	JACKSONVIlle F	Porida - 32224	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		enter the name of the new	
Name of New Registered Agent:		,	
New Registered Office Address:			
	Enter Florida street address		
	, 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 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 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** GiselA QuesADA ☐ Add Remove Add [☐ Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated GiseLA Signature of a member or approprized representative of a member

Page 2 of 2

Filing Fee: \$25.00