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B. BOSTICK

APR 1 6 2012

EXAMINER

COVER LETTER ' TO: Registration Section **Division of Corporations** 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: MAMBOS CCP, ELC
Firm/Company

11 NORTH THIRD ST ## 103

Address: JACKSUNI'LLE BEACH FL
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: \$30.00 Filing Fee & \$25.00 Filing Fee **\$55.00** Filing Fee & 1\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAN bos CCP	, LLC				
(Name of the Limited Lia (A Flo	ibility Company orida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L 11000142 9 6 1</u>	lity Company w	ere filed on/	2/21/2011	an	nd assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	<u>e limited liabili</u>	ty company here:			
The new name must be distinguishable and end with the	 ne words "Limited	d Liability Company	." the designation	ı "LLC" or	the abbreviatio
L.L.C."				·	
Enter new principal offices address, if applicable	e:			2 2	mr
Principal office address MUST BE A STREET A	(DDRESS)			#PR	<u> </u>
			ن ن	$\frac{1}{2}$	gradients d
				AH III:	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		——————————————————————————————————————	07	
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on ou	r records, <u>ente</u>	r the nar	me of the nev
Name of New Registered Agent:	RAI	IL ARias			
New Registered Office Address:	311 North	Enter Enter City	Street r Florida street a	nddress	
	JACKSON VIII	e Beach	Florida	322	50
· · · · · · · · · · · · · · · · · · ·	<u> </u>	City	, riorida ,	Zip	Code
New Registered Agent's Signature, if changing Regi					

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 Address Type of Action **Title** <u>Name</u> ADVANCE Construction MERM Deen BUN TRAFL Remove Alpha & Dinega Ent Inc ☐ Add ☑ Remove POMPANY LLC 2172 DEEN RUN RAIT JACKSONVILLE FLORIDA MGR MGR Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Dated Signature a member or authorized representative of a member ARIAS Typed or printed name of signee

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Filing Fee: \$25.00