## L1000038870

(Requestor's Name	)
(Address)	
•	
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number	)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



400176991964

04/23/10--01039--004 \*\*25.00

2010 APR 23 AM II: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 26 2010

**EXAMINER** 

## **COVER LETTER**

TO;. Registration Section Division of Corporations	
SUBJECT: 4 Corners Enterprises 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:	
Mohammed F. Khan Name of Person	
4 Corners Enterprises LLC	
11 N. Hastings st.	2010 APR 23 SECRETARY FALLAHASS
Orlando FL 32835	PR 23
City/State and Zip Code  Moe-cry Ushoo - Com  E-mail address: (to be used for future annual report notification)	MIN: 07
For further information concerning this matter, please call:	
Mohammed Khan at (407) 394-5483  Name of Person Area Code & Daytime Telephone Number	makkan da sama
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of 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

Corners Enterprise  (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records, bility Company)	)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L10000038870</u> .	ere filed on 4 12 10	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Same		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same	R 23 M II: 0	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, ent	er the name of the new	
Name of New Registered Agent:	SAME		
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 = Mana MGRM = Ma	ger naging Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Mohammed F. Khan	111 N. Hastings st. Orlando FL. 32835	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			APR 2 MIN			
			Padd ORemove			
<u> </u>	nen we filed orginally next Mohammed Khan	we did not realize  was not aclded as a  unly change at This	 			
Dated 4	19/10	<u>&gt;</u> .	_			
_	Signature of a member of Mohamma	r authorized representative of a member	·			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00