## #12000047281

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Maward:, Cortes & Barr 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:

John Dobson
Name of Person
Tean Market broup LLC Firm/Company
Firm/Company /
69 E Pine St
Address
Orla-do, Fl 32801  Oty/State and Zip Code
C(ty/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Dob Son at (402) 496-7234

Name of Person 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Maward, Cortes Bar (Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L120000 47281</u> .	were filed on $04/06/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	red Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3910 N. Alafaya Trail Orla-do, Fl 32817
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	69 F P: _ = St Or la-dg F1 32801
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

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Enter Florida street address

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** <u>Name</u> Jerrace 390 LLC 390 N. Orange Ave \*110 Add

Orlando, F13280 Remove MGR Remove Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated <u>1</u>	1arch 08, 2013
	Signature of a member or authorized representative of a member
	John Nobson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00