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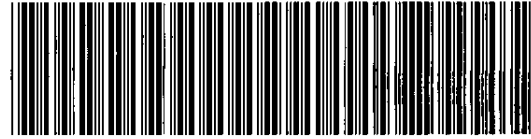
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SEP 27 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 26 PM 3:00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORNER 3 GROUP, 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 F. LOPEZ, MBA, RFC
Name of Person
CORNER 3 GROUP, LLC.
Firm/Company
1111 BRICKELL BAY DRIVE #3101
Address
MIAMI, FL 33131
City/State and Zip Code
jlopez@stewardsofcapital.com
E-mail address: (to be used for future annual report notification)

2011 SEP 26 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOHN F. LOPEZ at (**305**) **932-0239**
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**

CORNER 3 GROUP, 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 JAN 4, 2007 and assigned Florida document number L07000001066.

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)

2100 PONCE DE LEON BLVD., SUITE 1070

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2100 PONCE DE LEON BLVD., SUITE 1070

CORAL GABLES, FL 33134

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TALLAHASSEE, FLORIDA
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21 SEP 26 PM 3:23

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:

JOHN F. LOPEZ, MBA, RFC

New Registered Office Address:

2100 PONCE DE LEON BLVD., SUITE 1070

Enter Florida street address

CORAL GABLES

, Florida

33134

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:

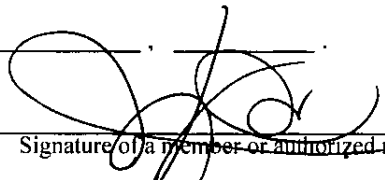
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN F. LOPEZ MBA RFC	2100 PONCE DE LEON BLVD SUITE 1070 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	MARIO J. GARCIA, CPA	2100 PONCE DE LEON BLVD SUITE 1070 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



 Signature of a member or authorized representative of a member
 JOHN F. LOPEZ, MBA RFC

 Typed or printed name of signee