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MAR 2 1 2011

EXAMINER

COVER LETTER

Division of Co	ection orporations				
SUBJECT:	Margari	ta Correa, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Yaşı	min Tirado-Chiodini, Esq.			
		7. 			
	·	Tirado-Chiodini, PL Firm/Company			
		runicompany			
		PO Box 622249		2011 SEI	
		Address		ARE E	7
		0 '- 1 - 5) -0.700		2011 HAR 18 SECRETAR) ALLAHASSI	
		Oviedo, FL 32762 City/State and Zip Code		111-	IT
	Vasn	nin@Tirado-Chiodini.com		AM D LA OF STATE OF LORIDA	C
	E-mail address: (nin@Tirado-Chiodini.com to be used for future annual report notifica	tion)	RIGE S	
For further information	concerning this matter, please of	call:	,	> -	
	irado-Chiodini, Esq. of Person	at (407) 9 Area Code & Daytime 1	77-7366 Telephone Number	<u>.</u>	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	ing Fee \$\begin{array}{c} \$\\$30.00\$ Filing Fee & \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		of Status & Copy		

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

M	argarita Correa, LLC		
(Name of the Limited Li (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab		5/22/2007	and assigned
Florida document numberL07000540	76 .		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
			7× ≥
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "I	
			ARE TA
Enter new principal offices address, if applicab	le:	· · · · · · · · · · · · · · · · · · ·	SR T
(Principal office address MUST BE A STREET.	<u>4DDRESS)</u>		E. F.ST.
		•	⊇m €
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u> s	the name of the nev
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 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>Name</u> <u>Title</u> **Address Type of Action** Julian E. Maeso 1442 Caring Court, Maitland, FL 32751 Add MGRM **✓** Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 15 Signature of a member or authorized representative of a member Yasmin TIRADO - CHIODINI
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00