

JUN-19-2012 10:41

J. KEVIN DRAKE

9419511509

P.01

# L09000005701

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : J. KEVIN DRAKE, P.A.  
Account Number : I20020000002  
Phone : (941)954-7750  
Fax Number : (941)951-1509

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CORTEZ VENTURE, L.L.C.

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**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: CORTEZ VENTURE, L.L.C.**  
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:

**J. KEVIN DRAKE, ESQ.**

Name of Person

**J. KEVIN DRAKE, P.A.**

Firm/Company

**1432 FIRST STREET**

Address

**SARASOTA, FLORIDA 34236**

City/State and Zip Code

**tenisdude@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**J. KEVIN DRAKE**

Name of Person

at ( 941 )

**954-7750 X 412**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
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**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
12 JUN 19 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORTEZ VENTURE, L.L.C.

(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 JANUARY 20, 2009 and assigned  
Florida document number L09000005701

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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.*

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If Changing Registered Agent, Signature of New Registered Agent

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J KEVIN DRAKE PA

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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	KAREN ROZAKIS	141-1 RT. 130 SOUTH #244 CINNAMINSON NJ 08077	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12 JUN 19 AM 8:06  
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TALLAHASSEE, FLORIDA

Dated JUNE 15, 2012

*Georgia Nicholoudis*

Signature of a member or authorized representative of a member

GEORGIA NICHLOUDIS

Typed or printed name of signee

(((H12000162532/3)))

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Filing Fee: \$25.00

TOTAL P.04