

L10000051669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 09 2011

EXAMINER

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2011

ANGEL CORTES
189 S. ORANGE AVE. UNIT 12005
ORLANDO, FL 32801

SUBJECT: MAWARDI & CORTES INVESTMENT GROUP, LLC
Ref. Number: L10000051669

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for MAWARDI & CORTES INVESTMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A00001831



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2011

JOHN DOBSON
22 S. MAGNOLIA
ORLANDO, FL 32801

SUBJECT: MAWARDI & CORTES INVESTMENT GROUP, LLC
Ref. Number: L10000051669

We have received your document for MAWARDI & CORTES INVESTMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A00001081

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mawardi & Cortes Investment 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:

Angel Cortes
Name of Person

Mawardi & Cortes Investment Group, LLC
Firm/Company

189 S Orange Ave. Unit 12005
Address

Orlando, FL 32801
City/State and Zip Code

angel@cortesenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Dabson at (407) 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

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11 FEB - 8 AM 19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Mamardi & Cortes Investment 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 _____ and assigned
Florida document number L10000051669

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)

189 S Orange Ave
Unit 12005
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

189 S Orange Ave
Unit 12005
Orlando, FL 32801

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:

189 S Orange Ave Unit 12005
Enter Florida street address
Orlando, Florida 32801
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	Angel Cortes	6233 Wynfield Ct. Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ram. Mawardi	3458 Carusa Place Oviedo FL 32765	<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

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

Dated 2/3, 2011

Signature of a member or authorized representative of a member

Ram Mawardi

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA