

L12000047280

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*Amend*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT 23 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mawardi, Cortes & Barr Investment Group LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Dobson  
Name of Person

Team Market Group  
Firm/Company

69 E. Pine St  
Address

Orlando, FL 32801  
City/State and Zip Code

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

For further information concerning this matter, please call:

John Dobson at ( 407 ) 496-7234  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Manardi, Cortes, & Barr 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 04/06/2012 and assigned Florida document number 612000047280

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 "Inc." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

100 N. Orange Ave  
Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

69 E. Pine St.  
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:

The Infurna Law Firm PA

New Registered Office Address:

69 E. Pine St.

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:

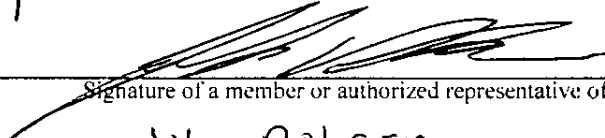
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Roni Mawardi	4142 N. 28th Terrace	<input type="checkbox"/> Add
		Orlando, FL 33020	<input checked="" type="checkbox"/> Remove
MGRM	Keith Mawardi	4142 N. 28th Terrace	<input type="checkbox"/> Add
		Orlando, FL 33020	<input checked="" type="checkbox"/> Remove
MGRM	Team Management Group LLC	3422 Old Capital Trail	<input checked="" type="checkbox"/> Add
		# 1889	<input type="checkbox"/> Remove
		Wilmington, DE 19808	<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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 TALLAHASSEE, FLORIDA

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

Dated 30 Sept 2013

  
Signature of a member or authorized representative of a member

John Dobson

Typed or printed name of signee

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Filing Fee: \$25.00

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