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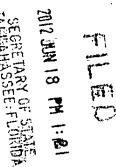
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T. CLINE
JUN 19 2012
EXAMINER



COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Maward. Cortes & Barr Enterprises 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		
Marrardi Cortes & Baff Enterprises, LLC Firm/Company		
4700 LB Maleod Rd #4		
Orlando, Fl 3281		
Angel cortes Goverdrivedirect, net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (407) 496-7234 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy) is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

i,

Maward: Cortes & Darr Enterprises LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	<u>iv as it now appears on our records.</u>) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L1200004728	were filed on $4/5/2012$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Bont of Anerica center
(Principal office address MUST BE A STREET ADDRESS)	50, te 110
<u>.</u>	Bont of America Center Svite 110 Orlando F1 32801
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
	2012 17.4E
New Registered Office Address:	Enter Florida street address
	City Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	
the provisions of all statutes relative to the proper and comp	

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 **Type of Action Address** <u>Title</u> <u>Name</u> MGR Terrace 390 LLC **⊠** Add Remove ☐ Add Remove Add 🔲 Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary); Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00