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S. HAWKES0CT - 6 2009 **EXAMINER**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Celebration Business Brokers, 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:
Robert F. KONEN Name of Person
Celebration Business BROKERS LLC
13316 SWallowTAIL DRIVE
BRADENTON, FLORIDA 34202 City/State and Zip Code E-mail address: (to by used for future annual report notification)
For further information concerning this matter, please call:
Robert F. KONEN at (407) 973-0862 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Celebration Business Brok	ers LLC
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L07000102349}{}$.	I on 10/09/2007 and assigned to
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compared by the limited liability compared by the new name must be distinguishable and end with the words "Limited Liability"L.L.C."	50
(Principal office address MUST BE A STREET ADDRESS)	SIG SWALLOWTAIL DRIVE CADENTON, FL 84202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) BY	16 SWALLOWTAIL DRIVE MADENTON, FL 34202
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: 13316 SWA	LLOW TAIL DRIVE
BRADENTON City	Enter Florida street address , Florida 34202 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 = Ma MGRM = 1	anager Managing Memb	oer		
<u>Title</u>	Name		Address	Type of Action
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D. If amen	iding any other i	nformation, enter chai	nge(s) here: (Attach additional	sheets, if necessary.)
	- /- /	26		
Dated	0/1/	, <u>20</u>	009	
		Signature of a memb	per or authorized representative of	a member
		Robert F. K	ONEN	
		Туре	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00