L0900027057

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700210815037

08/12/11--01008--020 **25.00

11 AUG 12 PM 3:41

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO:	Registration Division of C				
SUBJE	CT:	Florida Bu	usiness Sales, LLC		
			nited Liability Company		
The end	closed Articles	of Amendment and fee(s) are su	ubmitted for filing.		
Please i	eturn all corres	pondence concerning this matte	er to the following:		
A			Thomas Esposito		
			Name of Person		
Flor			rida Business Sales, LLC		
			Firm/Company		
			4003 NW 5th Drive		
Deerfield Beach, FL 33442					
		•	City/State and Zip Code		
		tho	omasjespo@yahoo.com		
For furt	her information	concerning this matter, please	(to be used for future annual report notification) call:		
	Th	omas Esposito	at (305) 415-9065		
		of Person	Area Code & Daytime Telephone Number	 	
Enclose	d is a check for	the following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION 11 AUG 12 PM 3:41

Flo	orida Business Sales, LL	C	. <u></u>	
(Name of the Limited	d Liability Company as it now apper A Florida Limited Liability Company)	ars on our records.		
The Articles of Organization for this Limited L	iability Company were filed on	03/19/2011	and assigned	
Florida document numberL0900002	7057			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable:	,,,			
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	E	nter Florida street add	ress	
		. Florida		
	City	, rioriua	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>Name</u> **Type of Action Title Address** MGRM Steven Monaco The Monaco Group ✓ Add 5319 University Drive Remove Suite 609, Irvine CA 92612 ☐ 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.) August 10 2017 Dated_ Signature of a member or authorized representative of a member Thomas Esposito Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00