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M. THOMAS

SEP - 8 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	The Business Brok	er Institute. LLC	
SUBJECT.		ited Liability Company)	
	amendment and fec(s) are sub	-	
	John J. Cooper, J	Jr. (Name of Person)	<del></del>
	Business Broker	Services Group, LLC (Firm/Company)	
	4641 Gulfstarr D	Orive, Suite 108	ZOOS SE TALLA
	Destin, FL 32541	(City/State and Zip Code)	FILED 2009 SEP -4 AM 10: 29 SECRETARY OF STATE TALLAHASSEE. FLORID
For further information co	ncerning this matter, please ca		LED TARY OF STATE A ASSEE, FLORIDA
John J. Co		at ( <u>850</u> ) <u>502 - 2181</u> (Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	siness Broker Insti		
(Name of the Limited ) (A	Liability Company as it nov Florida Limited Liability Con	v appears on our records.) mpany)	
The Articles of Organization for this Limited Lia Florida document number	• • •	on 04/27/2009	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	y Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/o			FILED AMIO: 2
registered agent and/or the new registered off	ice address here:	ess on our records, <u>enter</u>	D D D D D D D D D D D D D D D D D D D
Name of New Registered Agent:	Mark A. Violette		
New Registered Office Address:	4481 Legendary D	Prive, Suite 200	
10W 10GIBBAGG OTHOU / 10mets	(Enter Florida street address)		
	Destin	, Florida	32541
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	roper and complete perfortered agent as provided for egistered office address, whange.	rmance of my duties, and I for in Chapter 608, F.S. Or	am familiar with and c, if this document is imited liability

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>	Name	Address	Type of Action			
MGRM	John J. Cooper, Jr.	400 Kelly Plantation Drive, PH2 Destin, FL 32541	Add Remove			
MGRM	Business Broker Service Group, LLC	28 4641 Gulfstarr Drive, Suite 108 Destin, FL 32541	Add Remove			
			Add Remove			
<del></del>			Add Remove			
			Add Remove			
D. If amendi	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary)	FILE(			
Dated	July 10,	2009  John J. Cooper, Jr.  Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00