L090000166380

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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OCT -8 2009

EXAMINER

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10/07/09--01005--009 **25.00

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	BIZ/MAXX Busines	s Brokers, LLC			
	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	John J. Cooper, J	Ir.			
		(Name of Person)			
		(Firm/Company)			
	400 Kelly Planta	ntion Drive PH2	SEU MLL)	2009 (
		(Address)	AHAS	OCT -	
	Destin, FL 32541	1	SH XX	Ċ	
		(City/State and Zip Code)	FLOR	2009 OCT -7 PM 2: 42	
For further information of	concerning this matter, please co	all:	D _A	42	
John J. C	Cooper, Jr.	at (850) 797-3702			
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for t	he following amount:				
★ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified ((additional	of Stat Copy	us & s 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

	XX Business					
(Name of the Limited I	iability Company a lorida Limited Liabi	is it now appears lity Company)	on our records.)		_	
The Articles of Organization for this Limited Lia	bility Company we	re filed on	07/09/2009	an	d assigr	ned
Florida document numberL090000663	<u>80 </u> .					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liability	ompany here	<u>2:</u>			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Compar	ny," the designation '	"LLC" or	the abb	reviation
Enter new principal offices address, if applical	ble:			5	2	
(Principal office address MUST BE A STREET	ADDRESS)	400 Kelly	Plantation, Dr.	, PH2	9	
		Destin, F	L 32541	E E	CT	
				388	-7	
Enter new mailing address, if applicable:	_			<u> </u>	P	m
(Mailing address MAY BE A POST OFFICE B	<u>oxo</u> _	P.O. Box	c 5829	D=1 □ C3	<u>"</u>	
		Destin, F	L 32540	<u> </u>	2	
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on o	ur records, <u>enter</u>	the nar	ne of 1	the new
Name of New Registered Agent: John J. Cooper, Jr.						· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: 400 Kelly Plantation, Dr., PH2						
NOW REGISTATE Office / Redices.	(Enter Florida street address)					
	Destin		. Florida	3254	41	
	((City)		(Zip	(Zip Code)	
New Registered Agent's Signature, if changing Re	egistered 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			ZECRE DAID Remove
			CRA Themove
D. If amendi	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	
Dated	September 30, 200	9	
	Jolfa	of authorized representative of a member	
		J. Cooper, Jr. Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00