## L09000104852

(Requ	iestor's Name)	<del> </del>
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## **COVER LETTER**

Divi	ision of Corp	porations					
	Braddock B	Business Brokers, LLC					
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are subn	nitted for filing.				
Please return	all correspo	ndence concerning this matter t	o the following:				
		Kenneth W. Vichinsky					
			Name of Person				
		Braddock Business Brokers	s,LLC ·				
			Firm/Company				
		8648 NW 59th, Place					
			Address				
		Parkland, FL 33067					
			City/State and Zip Code				
		kwvpe@comcast.net	o be used for future annual report noti-	Constant			
Use further is	nformation c	e-mail address: (concerning this matter, please ca		neation)			
		oncerning this matter, preuse es	954 892-2007				
Name of Person		at ()  Area Code Daytime Telephone Number					
	Name o	r reison	Area code Dayini	•			
Enclosed is	a check for th	ne following amount:					
\$25.001	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			
				ich Address.			
MAILING ADDRESS: Registration Section		ration Section	STREET/COURIER ADDRESS: Registration Section				
	P.O. B	on of Corporations ox 6327 assee, FL 32314	Division of Corpo Clitton Building 2661 Executive Co	1			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Braddock Business Brokers, LLC	ny as it now appears on our records.)	<del></del>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000104852  This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8648 NW 59th, Place	——————————————————————————————————————
	Parkland, FL 33067	T T T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		7 NG 18 PH 3: 19
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> :	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
Now Pagistared Agent's Signature, if changing Registered Agent	:	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tomback, Lee	7351 Wiles Road, Ste. 202	Add
		Coral Springs, FL 33067	≅ Remove
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			Remove
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Note: If the	ate, if other t date is listed, the date inserted effective date	m this block c	ioes not mee	t the applica	o date of tiling ble statutory	or more than filing requir	(option 90 days after fleements, this	1al) Hing.) Pursua date will no	nt to 605.020 t be listed a	)7 (3) is the
ne record The 90tl	specifies a h day after	delayed eff the record	ective dat is filed.	e, but no	: an effecti	ve tinie, a	it 12:01 a.	m, on th	e earlier (	of:
Augu	ust 14, 2017		١.							
Dated		_ 1	<del></del>		<del>-</del>					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00