

L13000156484

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP -5 PM 4:22

SEP 11 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

BUSINESS CONCEPT WORLD 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:

DENIS J BURKE

Name of Person

Firm/Company

4729 Sweetmeadow Circle

Address

Sarasota, FL 34238

City/State and Zip Code

denisburke550@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENIS BURKE

Name of Person

at

(941)

Area Code

224-3893

Daytime Telephone Number

Enclosed is a check for the 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**

BUSINESS CONCEPT WORLD
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/6/2013 and assigned
Florida document number L 13000156484

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BUSINESS BROKER WORLD LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Suite 101
A729 Sweetmeadow Circle
Sarasota, FL 34238

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15 Paradise Playa #205
Sarasota, FL 34239

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Charles Medalie

New Registered Office Address:

15 Paradise Playa #205
Enter Florida street address

Sarasota
City

Florida

34239
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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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SEP 11 2013
PM 4:22
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF SARASOTA, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

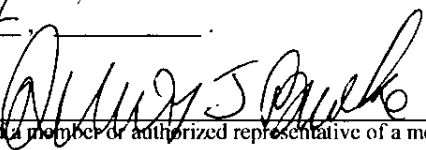
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles Medalie	15 Paradise Playa #205 Sarasota, FL 34238	<input checked="" type="checkbox"/> Add
MGR	DENIS J BURKE	1729 Sweetmeadow Circle Sarasota 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
SEP 5 1994
SECTION 1
VISION OF OUR
NATION'S
FUTURE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 9/14/14 (optional)
(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/2/14


Signature of a member or authorized representative of a member
DENNIS BURKE
Typed or printed name of signee

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SECRETARY OF
DIVISION OF
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