

LIB000160190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

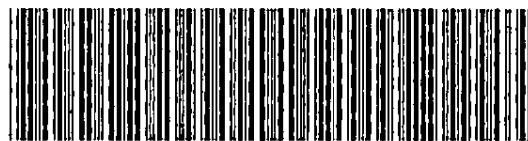
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 25 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northeast Florida Business Broker, 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:

Christopher B. Scully

Name of Person

Northeast Florida Business Broker, LLC

Firm/Company

3627 Paradise Way

Address

Jacksonville Beach FL 32250

City/State and Zip Code

Chrisbscully@icloud.com

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

For further information concerning this matter, please call:

Christopher B. Scully

904 993-2908
at ()

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Northeast Florida Business Broker, LLC

(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 July 2, 2018 and assigned
Florida document number L18000160190.

This amendment is submitted to amend the following:

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

NO NAME CHANGE

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3627 Paradise Way

Jacksonville Beach

FL 32250

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3627 Paradise Way

Jacksonville Beach

FL 32250

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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:

Already changed to Chris Scully

New Registered Office Address:

3627 Paradise Way

Enter Florida street address

Jacksonville Bch

City

Florida 32250

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.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cynthia L Scully	42 Valencia St. Ponte Vedra Beach FL 32082	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I believe the address had already be changed from 42 Valencia St. Ponte Vedra Beach FL 32082 to

3627 Paradise Way Jacksonville Beach FL 32250

Registered agent name changed August 26, 2019

The purpose of these changes is intended to move to a single member LLC that would be owned by

100% by Christopher B. Scully so I could file the business activity of the LLC as a Schedule C on personal return.

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E. Effective date, if other than the date of filing: September 30, 2019 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 19, 2019

Cl B. Scully

Signature of a member or authorized representative of a member

Christopher B. Scully

Typed or printed name of signer