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## COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE		ss Transfer Agent, LLC		
SUBJE	L1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Stephen M. Thompson		
			Name of Person	
		MT Business Transfer, LL	С	
			Firm/Company	
		4846 Miramar Dr., #1207		
			Address	
		Madeira Beach, FL 33708		
			City/State and Zip Code	
		stevethompson108@gmail.		- <del> </del>
			to be used for future annual report not	ification)
For furth	ter information c	oncerning this matter, please ca	all:	
Stephen	M. Thompson		727 256-5878 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	I is a check for t	ne following amount:		
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MT BUSINESS TRANSFER AGENT LLC	•	
t <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our red da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 09/01/2023	and assigned
Florida document number L230003843367	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Central Florida Business Brokers, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9024 J
(Principal office address MUST BE A STREET ADD	RESS)	AN I
		FA: 12
		SE PR
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	····	·
New Registered Office Address:	Enter Florida street add	Iress
New Registered Office Address:		ress Florida Zip Code

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.

Effective date. if other than the date of filing:  [In a effective date is listed, the date must be specifie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 rd is filed.  Dated  January 20  2024  Signatury of a member or authorized representative of a member  Stephen M. Thompson			<u> </u>					
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