L12000082924

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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Comments and France)				
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COVER LETTER

TO:

Registration Section
Division of Corporations

CHRIECT.

1776 Deals, 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:

Robert Jennings

Name of Person

1776 Deals, LLC

Firm/Company

478 E Altamonte Dr # 108-750

Address

Altamonte Springs, FL 32701-4622

City/State and Zip Code

trines-48658@mypacks.net

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

For further information concerning this matter, please call:

Robert Jennings

 $_{at}(407)308-5854$

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 13 FEB -4 PH 5: 42

1776 Deals, LLC

Als, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

(Amine of the Edition	A Florida Limited I	Liability Company)	2000年1月1日 - 1日	
The Articles of Organization for this Limited L Florida document number <u>L12000082924</u>	iability Company	were filed on June	22, 2012 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Company	"the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		478 E Altamonte Dr # 108-750		
		Altamonte Springs, FL 32701-4622		
		478 E Altamon	to Dr # 108 750	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		478 E Altamonte Dr # 108-750 Altamonte Springs, FL 32701-4622		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	478 E Altamonte Dr # 108-750			
	Enter Florida street address			
	Altamonte		, Florida <u>32701-4622</u>	
		City	Zip Code	
New Pagistared Agent's Signature if changing	Dogistared 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 608, 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 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 = Manager

MGRM = N	Ianaging Member	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			_			
			Add			
			Remove			
			Add			
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	·		Add			
						
			Remove			

). If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
ated January 30	2013
Most dening noe	member or authorized representative of a member
	a member or authorized representative of a member
Robert Jennings	_

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00