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(((H130001630163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRAY ROBINSON, P.A.

Account Number : 075154001651 Phone : (321)727-8100 Fax Number : (321) 984-4122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWEET DEAL, L.L.C.

AUG -8

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

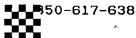
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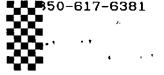
Corporate Filing Menu

Help

AUG - 9 2013

T. HAMPTO"







July 24, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

SWEET DEAL, L.L.C. 2250 TOWN CENTER AVENUE #125 VIERA, FL 32940

SUBJECT: SWEET DEAL, L.L.C.

REF: L03000056916

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$655.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton FAX Aud. #: H13000163016 Regulatory Specialist II Letter Number: 513A00017866 Registration/Qualification Section

云



1795 WEST NASA BLVD. (32901) POST OFFICE BOX 1870

MELBOURNE, FL 32902-1870

TEL 321-727-8100 FAX 321-984-4122

gray-robinson.com

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321-727-8100

YVONNE.MENDEZ@GRAY-ROBINSON.COM

August 5, 2013

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Sweet Deal, LLC

Entity No.: L03000056916

Dear Sir or Madam:

In connection with the above-referenced entity, enclosed is a copy of your letter dated July 24, 2013 along with the completed Limited Liability Company Reinstatement form and the \$655.00 filing fee for same.

Upon reinstatement of the entity, please find enclosed Articles of Amendment to Articles of Organization for the above-referenced entity. Please note that this document was previously forwarded to you using the file by fax feature on sunbiz.org and the filing fee of \$25.00 has already been paid from our escrow account.

Upon reinstatement and the filing of the Articles of Amendment, please forward a confirmation of same to the undersigned.

Thank you for your assistance in this regard and, if you have any questions, please do not hesitate to contact me.

Sincerely,

/ym

Enclosures

\95525\6 - # 965113 v1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweet Deal, L.L.C.			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Li Florida document number L030005691	ability Company	were filed on 2/30/2003	and assigned
This amendment is submitted to amend the follows: A. If amending name, enter the new name of	_	lity company boros	SECRETAR DIVISION OF C
	the illined habi	mty company nere.	- 5-4m
A Sweet Deal, LLC The new name must be distinguishable and end wit	h the words "I imit	ed Liability Company " the designation "I	I C" of the abbreviation
"L.L.C."	ii tilo words Ellini	ica Elacinty Company, the acsignation is	22 TOPE
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	
B. If amending the registered agent and/ registered agent and/or the new registered of			the name of the nev
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		***************************************	
**		Enter Florida street add	dress
		, Florida	
		City	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 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 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 = Ma MGRM = M	MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
		N/A	Add	
			Remove	
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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d	*
	Signature of a member or authorized representative of a member
	Scott Nickle, Manager
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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