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SECRETARY OF STATE
TALLARIASSEE, FLORIDA

M. THOMAS

NOV 2 5 2009

**EXAMINER** 

•	COVER LETTER	
TO: Registration Se Division of Cor		
SUBJECT: R	REAL DEAL, L. L. C.  Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	TATIANA TYSHENKO Name of Person	
	REAL DEAL, L.L.C.	.,
	2999 NE 191 ST STREET, #709	THE LE
	City/State and Zip Code	PARTE STATE
	MIRA @ Fortuneme: com  E-mail address: (to be used for future annual report notification)	57A 0:0
For further information co	E-mail address: (to be used for future annual report notification)  concerning this matter, please call:	9
	at (305) 760 - 7777 of Person Area Code & Daytime Telephone Number	
Name of	of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	osed)

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

REAL DEA  (Name of the Limited Liability Company (A Florida Limited Liability Company)	y as it dow appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 05000 106952</u>	were filed on		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	ECC 8		
(Principal office address MUST BE A STREET ADDRESS)	THE SSERIES TO THE SS		
Enter new mailing address, if applicable:	FLORITS OF		
(Mailing address MAY BE A POST OFFICE BOX)	<u>D</u> r.		
B. If amending the registered agent and/or registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	, 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 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

	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>46RM</u>	<u>DANILENKO, IG</u> OR	2999 NE 191 STREETATOS AVENTURA, FL 33180	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Aggle TI
D. If amendi	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	24 Remove NO: 09
			NITE DO
Dated No	ovember 20 , 200. A. Peas		_
-	Signature of a member o	r authorized representative of a member	<del> </del>
	ALEXANDE, Typed or	R PRASIEVI	
	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00