## L080000 26297

(Re	equestor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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01/25/10--01029--007 \*\*25.00



D. BRUCE

JAN 26 2010

**EXAMINER** 

## **COVER LETTER**

TQ:	Registratio Division of	on Section Corporations					
SUBJI	ECT: C	FREAT	DEAL Name of Liv	S REA	LTY LLC		
			Marile Of Pil	mied Liabinty Co	impany		
The en	closed Article	s of Amendment	and fee(s) are s	ubmitted for filing	g.		
Please	return all corr	espondence cond	erning this matt	er to the followin	g:		
		A7	SRIAN (	PER LMAN Name of F	erson	·····	
		GR	EAT DE	Firm/Con	ALTY LLC		
		263	-J 4E	203CO Addres		811 BTIL	
		AVE	; WTURA,	City/State and	1 & O Zip Code		10 JAN SECREL TALLAHA
					ure annual report notifica	tion)	JAN 25 PH RETARY OF SHASSEE, FL
For fur	ther informati	on concerning th	is matter, please				
<u> </u>		PERLM me of Person	<u>~``</u>	at ( <u>25</u>	) 5) 682 - 49° Area Code & Daytime T	7) elephone Number	36
Enclos	ed is a check t	for the following	amount:				
\$25	5.00 Filing Fee	e\$30.00 Certi	Filing Fee & ficate of Status	Certifie	ling Fee & d Copy nal copy is enclosed)	Certified	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Himpron	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle			
				(P <sub>N</sub> )	850-245- 850-245-	6000 6051	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT DEALS RE	ALTY LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3/12/2008 and assigned
Florida document number 158 00026297.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity 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:	
(Principal office address MUST BE A STREET ADDRESS)	LC 0
	HE AR T
	SSEE 25
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	36 IDA
B. If amending the registered agent and/or registered offi registered agent and/or the new 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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
M <u>er</u> m	PROPERTIES, LLC	REAT NE 203RO STREET #118 AVENTURA, FL 33180	⊠ Add ☐ Remove
MGRM	F.I.P. LLC	2627 NE 203RD STREET # 118 AYENTURA, FL 33170	☐ Add ☑ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del></del>		Add
D. If amendir	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	FILED 10 JAN 25 PH 2: 36 LAH JANY OF K
		FLORIDA	ED PH 2:36
Dated	JUARY 14 , 20,10		
Dates:	Hund Tait	or authorized representative of a member	
	Typed o	KEVIN FAITH r printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00