## LD9000091414

· <del>·······</del>	(Requestor's Name)
. (	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
(	(Document Number)
Certified Copies	Certificates of Status
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**EXAMINER** 

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SEGRETARY OF STATE
MALLAHASSEE, FLORING

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Deals That Move 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:
Tatiana Fester Name of Person
Deab That Move LLC Firm/Company
7439 Dereka Dr Address
Winder mere, FL 34784  City/State and Zip Code  Thester @ Watson real ty comp. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tationa Fester at (407) 340-8836  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Ccrtificate of Status}\$\$ \$55.00 Filing Fee \& \text{Ccrtified Copy} & \text{Cadditional copy is enclosed}\$\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

Deals That Move LLC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on MARCH 4, 2009 and assigned Florida document number LD900021414
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
TATIANA FESTER L.L.C
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address!
Enter Providu Street daduess.
City Florida n 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 = Manager

MGRM	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
·	<del></del>		Add Remove		
			Remove		
			Add Remove		
<del>,</del>			Add		
	_		Add Remove		
			Add Remove		
			Add		
			Remove		
D. If a		ge(s) here: (Attach additional sheets, if necessary			
	- No other in-	formation is Change . Entity Name.	ing		
	- address is the	<u> </u>	<del></del>		
	(10000103)	ce your, de.			
Dated _	September 17, 20	<u> </u>			
	Signature of a member	er or authorized representative of a member			
	Tatiana	Fester ed or printed name of signee			
	Type	or or brunner name or signer			

Page 2 of 2

Filing Fee: \$25.00