07/27/2010 13:52 vision of Corporation Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H10000170558 3))) 调拍 JUL 27 H100001705583ABC. Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 117 AH II: To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Ξ. LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GET A DEAL NOW, LLC Certificate of Status 0 A. LUNT CEIVE Certified Copy 0 Page Count 03 JUL 28 2010 **Estimated Charge** \$25.00 EXAMINER **Electronic Filing Menu** Corporate Filing Menu Help

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ARTICLES OF AMENDMENT						
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ARTICLES OF ORGANIZATION OF						
Get A Dept Now, LLC.						
20	(ame of the Limited Liabili (A Florid	ity Company as it now appears on our a Limited Liability Company) /				
The Articles of Organization	e for this Limited Liability	Company were filed on $10/0$	9/D9 2 and assigned			
Florida document number_	60900009774	<u>16</u> .	ART 21			
This amendment is submitte	d to amend the following:		AMIL: 3			
A. If amending name, enter the new name of the limited liability company bere:						
The new name must be disting "L.L.C."	guishable and end with the v	vords "Limited Liability Company," the c	iesignation "LLC" or the abbreviation			
Enter new principal office	s address, if applicable:	49515	W74Ct Florida 33155			
(Principal office address M	<u>(UST BE A STREET AD)</u>	DRESS MIAMIF	lorida 33155			
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Enter new mailing addres	s, if applicable:	495750	W 74ct Florida 38KV			
Mailing address MAY BE	<u>A POST OFFICE BOX)</u>	MIANI	FIORIAA 39NV			
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:						
Name of New Rev	alatored A anati	•				
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New Registered C	office Address:	(Enter Flor	(Enter Florida street address)			
		·	. Floride			
		(City)	(Zip Code)			
New Registered Agent's Sig	ustare. If changing Registe	ered Agenti				
the provisions of all statu accept the obligations of	tes relative to the proper my position as registered act a change in the regist		utles, and I am familiar with and 508, F.S. Or, if this document is m that the limited liability			
		(If Changing Registered Agent, Signa	thurs of New Registered Agent)			

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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

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<u>Title</u>	Name	Address	Type of Action
<u>Hgpn</u>	AiboSalazar-Rebul	99755W 87AVE HIANIFIORIDA 3317	Add Remove
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D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessi	
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Dated	07-27-10	35/	
		r or authorized representative of a member	
	AIDA SA	or printed name of signee	
	•JP**	Page 2 of 2	
	F	Wing Fee: \$25.00	
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