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Certified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	

Office Use Only

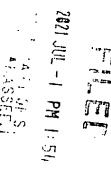


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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	07/01/2021	
Name:	Merritt Walker	
Reference #:	1414286	
	IDEIDE	ALDEALS,LLC
	s of Incorporation/Authoriza	
✓ Amena	lment	
☐ Chang	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
☐ Merger		
☐ Dissolu	ition/Withdrawal	
☐ Fictitiou	us Name	
✓ Other_	CERTIFIED	COPY OF THE FILING EVIDENCE
Authorized Am	nount: \$55	
Signature:	· Ma)	

F: 800,944,6607

P: +852.2682.9633 F: +852.2682.9790



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Account#: I20000000088

Date: 07/	01/2021	
Name:	Merritt Walker	<u></u>
Reference #:	1414286	
Entity Name:	IDE	ALDEALS,LLC
☐ Articles of	Incorporation/Authorizati	on to Transact Business
✓ Amendme		
Change o	f Agent	
Reinstate	ment	
Conversio	n	
Merger		
Dissolutio	n/Withdrawal	
☐ Fictitious I	Name	
✓ Other	CERTIFIED C	OPY OF THE FILING EVIDENCE
Authorized Amou	nt: \$55	
Signature:	(1110)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IDEAL DEALS, LLC		
(Name of the Lin	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) cany)	
The Articles of Organization for this Limited Florida document number	Liability Company were filed o	on May 13, 2010	and assigned
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		207
(Principal office address MUST BE A STRE	ET ADDRESS)		- TY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>		PH 17
B. If amending the registered agent and/or agent and/or the new registered office addro	registered office address on o	our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:	Cogency Global Inc.		
New Registered Office Address:	115 North Calhoun Street, St	uite 4	
	Ente	r Florida street address	
	Tallahassee	Florida	
	Сйу		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Graham M. Schena	3200 Parker Drive	= Add
		St. Augustine, FL 32084	_
			□Change
MGR	Michael Duffy	3200 Parker Drive	≣ Add
		St. Augustine, FL 32084	□Remove
			□ Change
MGR	Joe Machado	3200 Parker Drive	= Add
	St. Augustine, FL 32084	□Remove	
		□Change	
MGR	Douglas J. Brady	3200 Parker Drive	🗆 Add
		St. Augustine, FL 32084	□Remove
			🖺 Change
MGR	MGR Michael Siegel	3200 Parker Drive	□ Add
	St. Augustine, Fl. 32084	□Remove	
		□Add	
		Remove	
		Change	

	
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ne: 11 the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 is block does not meet the applicable statutory filing requirements, this date will not be listed and Department of State's records.
ecord specifies a delayed effi is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	2021
9111	My 7. Q.K
	Signature of a member or authorized representative of a member
	c and a second of the contractive of a member
	Graham M. Schena
	Typed or printed name of signee

Filing Fee: \$25.00