L 11000090136

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(City	y/State/Zip/Phone	e #)
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T. CLINE SEP 19 2011

EXAMINER

COVER LETTER

Division of Co	rporacions				
SUBJECT:	DEAL	DECKS LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Marguerite G. Wilfong	 		
		Name of Person			
		Deal Decks LLC			
		Firm/Company			
	•	6604 SW 136th Court			
		Address			
		Miami, Fl 33183			
		City/State and Zip Code			
		naswilfong78@gmail.com to be used for future annual report notifical	tion)		
For further information	concerning this matter, please of	-	5	2011 SEP SEGRETA	
Marg	uerite G. Wilfong	at (786) 4°	17-3004 A A S S S S S S S S S S S S S S S S S	RESERVED SERVED	F
Name	of Person	Area Code & Daytime T	elephone Number	AR)	
				0F S	177
Enclosed is a check for	the following amount:		FLO	ATS.	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee	ni sa	
			(

TO:

Registration Section

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

(Name of the Limited Liability (A Florida)	AL DECKS LLC Company as it now appears	s on our records.)			
(A Florida l	Limited Liability Company)				
The Articles of Organization for this Limited Liability C	Company were filed on	08/05/2011	and as	signed	
Florida document number L11000090136					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here	2:			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compar	ny," the designation "L	LC" or the	abbreviation	ì
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	(ESS)				
Enter new mailing address, if applicable:			SECR		
(Mailing address MAY BE A POST OFFICE BOX)			7.5		
			SSE	0	-
			110	3	
B. If amending the registered agent and/or regis	tered office address on o	ur records, <u>enter t</u>	he name	of the nev	ļ
registered agent and/or the new registered office add	ress here:		AUT.	61	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		Zip Coo	le	

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>	<u>Name</u>	Address	Type of Action
MGRM	Christina O. Wilfong	6604 SW 136CT MIAMI FL 33183	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove SECON SEP
D. If ame	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	Memove-
-			OF STATE
 			
Dated	9/10/2011. Marque	nt Willong	
	Signature of a mer	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00