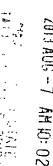
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J. SAULSBERRY EXAMINER

AUG 08 2013

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: _ ZEADY	2 RAVE, U.C. Name of Limi	ited Liability Company	
	Amendment and fee(s) are subnities and and fee(s) are subnities are subnities and fee(s) are subnities and fee(s) are subnities are subnities are subnities and fee(s) are subnities are subnities are subnities are subnities and fee(s) are subnities are su	-	
	EXCHEL C	Name of Person	
		Firm/Company	
	9541 NW	18 CT Address	
	PLANTATION, F	City/State and Zip Code	2813 AUG - 7
		to be used for future annual report notification	on)
For further information of	oncerning this matter, please of	call:	3 02 02
PACHEL Name o	(Person	at (<u>954</u>) <u>945</u> - 78 2 Area Code & Daytime Te	Rephone Number
Enclosed is a check for the	ne following amount:	•	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ą;		
Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEADY 2 PAYE LLC	ny ac it now annagre on a	un maganda)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Company	were filed on MAY	21, 2013 and assigned
Florida document number L1300 0074401		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HOT DEALS, LLC The new name must be distinguishable and end with the words "Limitation of the control of the c		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2207 NE 16th	L AVE
(Principal office address MUST BE A STREET ADDRESS)	WILTEN MINNE	725, FL 333052
		्रिक् र
Enter new mailing address, if applicable:	9541 NW 18	CT 3
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION,	FL 33322 3
		<u>.</u>
		97 OS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our re	cords, enter the name of the new
NO CHUNGE TO	<u>v</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	orida street address
	Line: File	THE DIT COLUMN COS
	City	, Florida Zip Code
	City	Zip Coue

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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			·
			Add
			Remove
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			Add
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			THE STATE
			Add :
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•			Add
			
K	DO CHANGE		Remove

• .	
	AUGUST 2, 2013
	Signature of a member of authorized representative of a member FACHEL LEW Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00