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#### **COVER LETTER**

	gistration Seçi ision of Corp			¥ (
		SBESTCOUPON LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		EDWARD R PERSA	AUD	·
			Name of Person	
		JOHNNY'SBESTCC	OUPON LLC	·
			Firm/Company	<del>,,,,,,</del>
		5952 WINCHESTER	R ISLE ROAD	
			Address	
		ORLANDO, FL 3282	29	
			City/State and Zip Code	
		johnnysbestcoupons	@gmail.com to be used for future annual report notific	eation)
For further i	nformation coi	ncerning this matter, please ca	•	ations
Gavin Se	·		407 924-7570	Felephone Number
	Name of l	Person	Area Code Daytime	Felephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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)

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

#### JOHNNY'SBESTCOUPON LLC

( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ded Liability Company)
The Articles of Organization for this Limited Liability Comparts Florida document number L13000161745  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lim	AN 27 PH WHASSEE, F
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	EDWARD PERSAUD
(Principal office address MUST BE A STREET ADDRESS)	3509 CAYUGAS LOOP
	ST. CLOUD F1. 34772
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	l office address on our records, <u>enter the name of the new</u> here:
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gavin G. Seepersad	6402 Inca St. Orlando FL 32807	Add
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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