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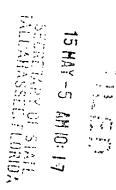
| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| TO: | | | | |
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| SURIE | | AL PROPERTIES LLC | | |
| SODGE | | Name of Lin | nited Liability Company | |
| | Registration Section Division of Corporations CASH DEAL PROPERTIES LLC Wanne of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: CARLOS RIOS Name of Person CASH DEAL PROPERTIES LLC Firm/Company 6941 SW 5 CT Address PEMBROKE PINES FL 33023 City/State and Zip Code CARLOSCASHDEALS@GMAIL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: RLOS RIOS Name of Person Area Code Daytime Telephone Number seed is a check for the following amount: 625.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) | | | |
| | | CARLOS RIOS | | |
| | | | Name of Person | |
| | | CASH DEAL PROPERTI | ES LLC | |
| | | | Firm/Company | |
| | | 6941 SW 5 CT | | |
| | | | Address KE PINES FL 33023 | |
| | | PEMBROKE PINES FL 3 | | |
| | | | | |
| | | - | | cation) |
| For furt | her information co | | · | |
| CARLO | OS RIOS | | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| \$25 | .00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

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 ARTICLES OF ORGANIZATION OF

| CASH DEAL PROPERTIES LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab | ility Company were filed on 04/11/2014 | and assigned |
| Torida document number L14000060137 | | |
| his amendment is submitted to amend the follow | ing: | |
| a. If amending name, enter the new name of th | ne limited liability company here: | |
| he new name must be distinguishable and contain the word | ls "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable | le: | · · · · · · · · · · · · · · · · · · · |
| Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | DX) | |
| | | |
| | | |
| | registered office address on our records, ente | r the name of the n |
| egistered agent and/or the new registered offic | e address here: | 2 |
| | | 58 5 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | 288 |
| | Enter Florida street address | |
| | , Florida | |
| - | City | Zīp 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 |
|---------------------------------------|-----------------------|-------------------------|----------------|
| AMBR | PAULINE JEANNEAU RIOS | 6941 SW 5 CT | ■ Add |
| | | PEMBROKE PINES FL 33023 | □ Remove |
| | | | □ Change |
| ~~~~ | | | Add |
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| f amending any other information, enter change(s) here: (Attach additional sheets, if necess | ···· <i>y</i> · <i>y</i> |
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| ffective date, if other than the date of filing: (option an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil | al) ;; -< ing.) Purstiant to 605.020 |
| ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | ate will not be listed a |
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| e record specifies a delayed effective date, but not an effective time, at $12:01\ a.r$ The $90th\ day\ after\ the\ record\ is\ filed.$ | m. on the earlier o |
| ated | |
| | |
| Signature of a member or authorized representative of a member | <u> </u> |
| CARLOS RIOS | |
| Typed or printed name of signee | <u> </u> |

Page 3 of 3

Filing Fee: \$25.00