

L111000099244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

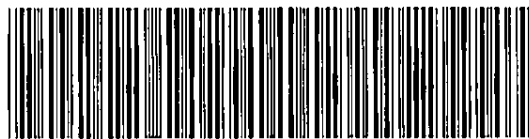
(Business Entity Name)

(Document Number)

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SEP 12 2017
TALLAHASSEE, FLORIDA

17 SEP -7 AM 8:49

SEP 12 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEGA DEAL INVESTMENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASDIEL BRUNET CARCASES

Name of Person

MEGA DEAL INVESTMENT LLCC

Firm/Company

928 SE 16TH ST

Address

CAPE CORAL, FL 33990

City/State and Zip Code

ASDIELB@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASDIEL BRUNET CARCASES

239

888-5071

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

MEGA DEALS INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records,
if a Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/20/2014 and assigned
Florida document number L14000099244.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(Article must be filed with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC.")

Enter new principal offices address, if applicable:

928 SE 16TH ST

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33990

Enter new mailing address, if applicable:

928 SE 16TH ST

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33990

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 amendment 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 effect 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>	<u>Address</u>	<u>Type of Action</u>
MGR	FREDDY ECHEVARRIA JR	1237 HOMESTEAD RD N	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 SEP - 7 AM 2015
ALLIANCE STATE FIDELITY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

F. Effective date, if other than the date of filing: 9/1/2017 (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated:

Aschiet Brunel

Signature of a member or authorized representative of a member

ASDIEL BRUNET CARCASSES

Typed or printed name of signee