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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

Division of Corpor	rations .		
SUBJECT: Done	Deal Profess	sional Detailing	LLC
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Cornelius	Hayes	
		Name of Person	
	Done Deal	Professional Detail	ling LLC
			J
	P.O. Box	420309	
		Address	
	•		
	Miami, FL 3.	3242	
		City/State and Zip Code	
_	chayes 6599	92@ 9 mai 1- Com be used for future annual report notification	
	E-mail address: (to	be used for future annual report notification	on)
For further information conc	erning this matter, please call	k:	
Cornelius	Hayes	at (<u>786</u>) <u>879 – 6</u> Area Code Daytime Tele	232
Name of Po	rson	Area Code Daytime Tele	phone Number
Enclosed is a check for the f	ollowing amount:		,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee,
•	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

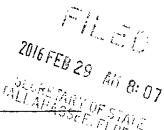
Registration Section

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



One Deal Professional Detailing LL (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/30/30/5Florida document number ______L15000 185 06 7 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2002 N.W. 42nd Street Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 2002 N.W. 42nd Street

Enter Florida street address

Miami, Florida 33/42

City Zin Code New Registered Office Address:

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>	Name	Address	Type of Action
MGRM	Lamorick Moore	17300 SW 105 Ave Persine, FL 33157	🗖 Add
		Persine, FL 33157	Remove
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ctive date, if other than the date of infective date is listed, the date must be specified.	fic and cannot be prior to d	late of filing or more than 9	(optional) 0 days after filing.) Pursuant	to 605.
If the date inserted in this block does ment's effective date on the Department	not meet the applicable	e statutory filing require	ments, this date will not b	e liste
	1 of State 3 feeders.			
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e 90th day after the record is fi		, or addive time, at		
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d February 25 Comelies Signature	\bigcirc 1			
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Filing Fee: \$25.00