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DIVISION OF CORPORATIONS

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JUN 2 6 2017

## **COVER LETTER**

Division of Co			
REAL DI SUBJECT:	EAL VENTURES, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Bryan B. Levine, Esq.		
		Name of Person	
	Knox Levine, P.A.		
		Firm/Company	
	36428 U.S. Hwy, 19 N.		
		Address	
	Palm Harbor, FL 34684		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
Bryan B. Levine		727 223-6395	
Name	of Person	at () 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 tadditional 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

REAL DEAL VENTURES, LLC		
( <u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on December 11, 2015	and assigned
Florida document number 1.15000206629	'·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbrevation
Enter new principal offices address, if applicable:		TJUN 27
(Principal office address MUST BE A STREET ADI	ORESS)	9 2
Enter new mailing address, if applicable:		ED PH 2: 27
(Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or reg		enter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer riorud street address	
<del></del> .	Floric	da 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 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
MGR	Oren Segev	8761 Perimeter Park Blvd., Ste 103	<b>_</b> _ Add
		Jacksonville, FL 32216	Remove
			Change
MGR	Excellence Capital of Florida, LLC	8761 Perimeter Park Blvd., Ste 103	□ Add
		Jacksonville, F1, 32216	■ Remove
			Change
			Add
			JUNESION OF COMPANY CONTRACTOR
			PR 2: 2 To Remitte
		<del></del>	☐ Change
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effective	ate, if other than the	be specific and	cannot be prie	or to date of fil:	ing or more tha		iling.) Pursuan	
	e date inserted in this blo effective date on the De				ry filing requ	urements, this	date will not	be listed as
ecord ne 90t	specifies a delayed h day after the reco	effective d rd is filed.	ate, but n	ot an effec	tive time,	at 12:01 a.	m. on the	earlier of
:d	June 21	_	2017					
		<u> </u>	*	·		ember		

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Typed or printed name of signee

Filing Fee: \$25.00