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S. WARREN AUG 1 6 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Bund	Ch Deals Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	sitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Jose Mans	Name of Person	
		Buch Dea	ls LLC
	7713 Nu) 114 PAH4 Address	
	Medley F	2 33179 City/State and Zip Code	
	Bunch de Als E-mail address: (to	be used for future annual report notifi	ication)
For further information co	oncerning this matter, please cal	Ŀ ·	
Jose Manue of	Ben Abrets Person	at (<u>786</u>) <u>554</u> Area Code Daytime	3(1.5 Telephone Number
Enclosed is a check for th	e 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

	BUNCH DEALS	S LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited L Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7713 NW 114TH PATH	
(Principal office address MUST BE A STREE		MEDLEY, FL 33178	
Enter new mailing address, if applicable:		7713 NW 114TH PATH	
(Mailing address MAY BE A POST OFFICE	BOX)	MEDLEY, FL 33178	<u> </u>
			59 🙇 📑
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:	JOSE MANUE	EL BEN ABREU	1: 06 1: 06
New Registered Office Address:	7713 NW 114T	ТН РАТН	-
		Enter Florida street addres	s
	MEDLEY	, Flo	orida <u>33178</u>
		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

Page 1 of 3

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	HANZEL VIDES	10464 NW 61ST ST, DORAL FL 33 178	
			■ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
		***	☐ Change
			Add
		<u> </u>	□ Riemove
			-Remove
			Remove
			Change

	1				
		 			
					
ctive d	ate, if other than the date	e of filing:		(op	tional)
effective	date is listed, the date must be s	specific and cannot be		more than 90 days aff	ter filing.) Pursuant to 605.02
	e date inserted in this block of effective date on the Depart			ing requirements, ti	ins date will not be listed
	specifies a delayed eff		: not an effective	e time, at 12:01	a.m. on the earlier
1e 90t	h day after the record	із пеа.			
	JULY 25TH	2017			
		— · / —	<u> </u>		
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ed		/ m~	'		 1,
ed	Sign	nature of a member or	authorized representati	ive of a member	7 7 7
ed	Sign	1	authorized representati		T AUG
ed	Sign	JOSE MA	•	J	
ed	Sign	JOSE MA	NUEL BEN ABREU	J	FILED 17 AUG I PH SECRETARY OF FAULTARIASSEE, F

Filing Fee: \$25.00