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(Requestor's Name)	
(Nequestor's Name)	
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(Address)	••
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(Document Number)	-
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17 AUG 28 PN 4: 2 SECRETARY OF STATE TALLAMASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Big Deal Discount Outlet Jacksonville 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:
Lindsey Banfield Name of Person
Big Deal Discount Outlet Jacksonville LCC
3/25 N. Washington St, Unit 1198
Zellwood, FL 32798 City/State and Zip Code
Lindsey C Big Deal Discount Outlet. Com Brail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lindsy Bankield at (407) 913-9337 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

Big Deal Discount	Liability Company as it now appears on our record	'C
(Name of the Limited)	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab Florida document number <u>L 17 0000 22 7 4</u>	• • • • • • • • • • • • • • • • • • • •	17 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th		
Big Deal Property Holding. The new Name must be distinguishable and contain the work	S "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)	
No	Changes —	IASSEE
Enter new mailing address, if applicable:		F. 3 0
(Mailing address MAY BE A POST OFFICE BO	<u></u>	IATE 2
N_{o}	Changes	₽ Ø
B. If amending the registered agent and/or registered agent and/or the new registered offic		is, enter the name of the new
Name of New Registered Agent:		······
New Registered Office Address:	Enter Florida street addre	
01		
No Changes	City F	lorida 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 = M AMBR = A	lanager No	Changes	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
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			Change
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			Change
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			☐ Change

·	NONE	
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		7.TE 28
Effective date, if oth	er than the date of filing: d, the date must be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inser	ted in this block does not meet the applicable statuto ate on the Department of State's records.	ory filing requirements, this date will not be listed a
	a delayed effective date, but not an effective the record is filed.	ctive time, at 12:01 a.m. on the earlier of
Dated Aug	st 24th 2017.	
<u>.</u>	Signature of a member or authorized repres	sentative of a member
	Lindsay Bonfi	

Page 3 of 3

Filing Fee: \$25.00