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COVER LETTER

Division of Corpo			
subject: <u>These</u>	Deals LLC Name of Limi	ted Liability Company	
	nendment and fee(s) are subr	•	
Please return all correspond	ence concerning this matter t	to the following:	
	Danie	Anderson Name of Person	
		Firm/Company	
	<u>431</u> G	entral Ave Address	
	Sarasota, FL	34336 City/State and Zip Code	
	dianderson E-mail address: (t	n 4193 @g mail. OM o be used for future annual report notifi	ication)
For further information con-	cerning this matter, please ca	ılı:	
Daniel And	erson	at (<u>530</u>) <u>340 - </u> Area Code Daytime	5939 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

These [ed Liability Comp	any as it now appears on our records.) Liability Company)		
	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Li	ability Company	y were filed on 17/31/17	and assigned	
Florida document number <u>L170003596</u>	. <u>95 </u> .			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lial	bility company here:		
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if application	able:	NA		Z.,
(Principal office address MUST BE A STREET ADDRESS)			co <u>ř</u>	EC
The office and essiment DE ASTREE	1 ADDALESS)		A .	EE!
			<u> </u>	
Enter new mailing address, if applicable:		N/A	79	
(Mailing address MAY BE A POST OFFICE BOX)				i ST
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			—	22
B. If amending the registered agent and/	or registered o	office address on our records, <u>er</u>	iter the name of the	<u>new</u>
registered agent and/or the new registered of	fice address he	<u>re</u> :		
Name of New Registered Agent:	N/A			_
New Registered Office Address:	N/A			
		Enter Florida street address		_
		, Florid:	a	
		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

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>	Type of Action
AMBR	Daniel Anderson	5347 Clark Rd #3005	Add
		Sarasota FL 34733	Remove
			Change
		<u></u>	Add
			Remove
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ective date, if other than the date (of filings			(0=	utional)	
effective date is listed, the date must be spe te: If the date inserted in this block do ument's effective date on the Departm	ecific and cannot be poses not meet the ap	orior to date of plicable statu	filing or more	than 90 days at	ter filing.) Pursi	uant to 605.0 not be listed
		not an eff	ective tim	e, at 12:01	La.m. on tl	ne earlier
he 90th day after the record is						
he 90th day after the record is			~	Λ .		
record specifies a delayed effective 90th day after the record is ted		Lulu	j Sesentative of i	And		

Page 3 of 3

Filing Fee: \$25.00