

L18000197436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

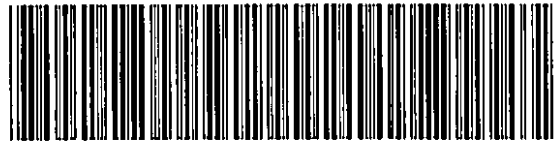
(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/18--01014--025 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

18 AUG 22 AM 8:52

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE REAL DOMINICAN DEAL, 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:

Yesenia Rojas
Name of Person

THE REAL DOMINICAN DEAL, LLC
Firm/Company

991 Pipers Cay Dr.
Address

W.P.B. FL 33415
City/State and Zip Code

dominicandeal24@icloud.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
CLERK OF COURT

For further information concerning this matter, please call:

JHGJHGJKHGKKK Jamie Jenkins at (561) 309-8080
Name of Person 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 (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**

THE REAL DOMINICAN DEAL, LLC

(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 8/16/18 and assigned Florida document number L18000197436.

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."

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:

Raymond C Jenkins

New Registered Office Address:

12566 166th St N

Enter Florida street address

W. P. B

City

Florida

33412

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>	<u>Type of Action</u>
MGR	Yessenia Rojas	991 Pipers Cay Dr	<input checked="" type="checkbox"/> Add
		W.P.B FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 AUG 22 AM 8:52
CLARK COUNTY, FLORIDA

18 AUG 22 AM 11 00
DEPT. OF STATE
WASHINGTON, D.C.

18 AUG 22 AM 8: 32
DEPT OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing. _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 20th 2018

Signature of a member or authorized representative of a member

Yesenia Rojas

Typed or printed name of signee