

L18 0000240758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

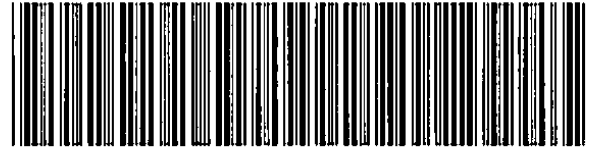
(Business Entity Name)

(Document Number)

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2019 JUN 17 AM 4:54

FILED

Amend

JUN 26 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL DEALS FL 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:

MARTIN A. FAZEKAS

Name of Person

Firm/Company

4023 PALM TREE BLVD

Address

CAPE CORAL, FL 33904

City/State and Zip Code

realdealsfl11c@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN A. FAZEKAS

Name of Person

at (239) 938-4116

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**

REAL DEALS FL 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 10/11/2018 and assigned
Florida document number L18000240758.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1320 15th ST

SARASOTA

FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1320 15th ST

SARASOTA

FL 34236

**B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ISTVAN KOLOZSVARI

New Registered Office Address:

1320 15th ST

Enter Florida street address

SARASOTA, FL, Florida

City

34236

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.

[Signature]

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>EDINA FAZEKASNEPILAN</u>	<u>4023 PALM TREE BLVD</u>	<input type="checkbox"/> Add
		<u>CAPE CORAL</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33904</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MARTIN FAZEKAS</u>	<u>4023 PALM TREE BLVD</u>	<input type="checkbox"/> Add
		<u>CAPE CORAL</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33904</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>GYORGY FAZEKAS</u>	<u>4023 PALM TREE BLVD</u>	<input type="checkbox"/> Add
		<u>CAPE CORAL</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 33904</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ISTVAN KOLOZSVARI</u>	<u>1320 15th ST</u>	<input checked="" type="checkbox"/> Add
		<u>SARASOTA</u>	<input type="checkbox"/> Remove
		<u>FL 34236</u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change

[illegible]

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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

EDINA FAZEKASNE PILAN

Typed or printed name of signee