



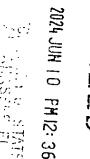
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COVER LETTER

	tration Section of Corpor				•		•
SUBJECT:	1	344	Aucti	ons	Deals 2	LLC .	
		ŧ	Name of	Limited L	iability Company		
The enclosed A	rticles of Am	endment :	and fee(s) are	submitte	d for filing.		
Please return al	l corresponde	ence conce	erning this ma	itter to th	e following:		
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<u> 1)avi</u>	Name of Pe	rson	<u> </u>		at (<u>443</u>) Area Code	Daytime Te	lephone Number
Enclosed is a cl	neck for the f	ollowing :	imount:				
□ \$25.00 Filii	ng Fee		Filing Fee & icate of Statu		\$55.00 Filing For Certified Copy (additional copy is		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address: stration Sec	tion				<u>Address:</u> stration Sectio	nn

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Buy Auctions Dea	15 626			
(Same of the Limited Liability Compa (A Florida Limited E	<u>ny as it now appears on our records.</u>) Diability Companyl			
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000/23627</u>	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" principal offices address, if applicable: ### Doveplum c# ##################################			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	934 Doveplym ct			
(Principal office address MUST BE A STREET ADDRESS)	Hollywood Fl 33019			
Enter new mailing address, if applicable:	934 Dovenium ct			
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood F1 33019			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>			
Name of New Registered Agent:	2024			
New Registered Office Address:	Emer Florma street address			
	Line Franklin Steer Rapress			

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.

New Registered Agent's Signature, if changing Registered Agent:

Citr

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>	Name	Address	Type of Action
AMBR	Nino Grekovi	1856 Autumn Frust Ln Bultimore Ma 21209	Zadd
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ecord specifies is filed.	s a delayed effective date.	, but not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 90th day a	ifter the
ted <i></i>		2024			
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Typed or printed name of signee