L1600017190

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



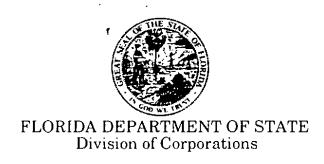
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SECRETARY OF STATE

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O SIMMONS AUG () 1 2018



July 6, 2018

JACOB FINKELSHTEYN 134 S DIXIE HWY, STE 201 HALLANDALE BEACH, FL 33009

SUBJECT: THE GERGEL GROUP LLC

Ref. Number: L16000017190

We have received your document for THE GERGEL GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 218A00014001

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co			
	RGEL GROUP LLC		1 m
	Name of Lin	nited Liability Company	ار دور این
			े हैं है। इ.स.
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	و به نشد .
lease return all corresp	condence concerning this matter	to the following:	
	JACOB FINKELSHTEY:	×.	
		Name of Parson	
	THE FINKELSHTEYN C	ROUP PA	
		Firm Company	
	134 S Dixie Hwy, Suite 20)1	
		Address	
	Hallandale Beach, FL, 330	109	
		City/State and Zip Code	 -
	Jacob@tfgepa.com E-mail address: (to be used for future annual report not	hincilian)
For further information	concerning this matter, please c	·	,
JACOB FINKELSHTE	YN	305 931-9212	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for \$25.00 Filmg Fee	the following amount: S30,00 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 enclos
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on rations

Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		EL GROUP LLC	
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Florida document number $\frac{L16000017190}{L16000017190}$	Liability Compan	y were filed on 01/25/2016	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
n/a			
The new name must be distinguishable and contain the	words "Limited Liab	ollity Company," the designation "I	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		n/a	26 M
(Mailing address MAY BE A POST OFFICE	(BOX)		्रिटी प्र
			(F) 1.9
B. If amending the registered agent and registered agent and/or the new registered of	office add <u>ress be</u>		rds, <u>enter the name of the</u>
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street ade	bess
			Florida
		Ciŋ·	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. Thereby 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>	Address	Type of Action
MGR	DANI GERGEL	1800 S OCEAN DR APT # 2906	
		HALLANDALE, Ft. 33009	■ Remove
			Change
			□ Remove
			Change
			18 Jul PResione
			SSED FLORIDA
			□ Add □ Remove
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an e	ve date, if other than the date of filing:	.0207
ote: ocui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	ed as
e r∈	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er o
The	90th day after the record is filed.	
	07/25/2018	
atec	06/25/2018	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00