

H190001213343

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H190001213343)))



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To:
Division of Corporations
Fax Number : (950) 617-6363

From:
Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (719) 878-5811
Fax Number : (718) 732-4560

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sales@fileacorp.com

APPROVED
AND
FILED
2019 APR 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GB DEALS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: GB DEALS 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:

Name of Person
FILE RIGHT LLC

Firm/Company
5314 16TH AVENUE, SUITE 139

Address
BROOKLYN, NY 11204

City/State and Zip Code
sales@filcorp.com

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

For further information concerning this matter, please call:

Rachel _____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GB DEALS 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 MARCH 20, 2019 and assigned
Florida document number L19000071929.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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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>
AMBR	ASHIER BLUMENBERG	6601 LYONS RD E6	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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AND
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SECRETARY OF THE
TREASURY
WASHINGTON, D.C. 20548

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.

Dated APRIL 12 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00