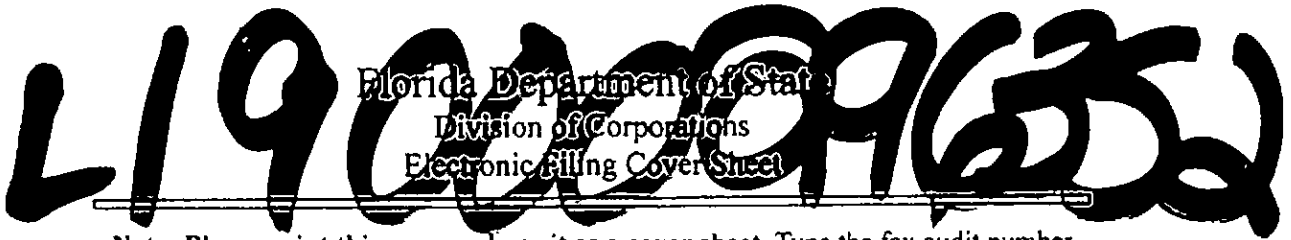


Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000362739 3)))



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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : FILE RIGHT LLC
Account Number : I20170030091
Phone : (718) 879-5811
Fax Number : (718) 732-4580

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

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

Certificate of Status	0
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fax reference H19000362739 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: TEGRITY 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@fileacorp.com

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

For further information concerning this matter, please call:

Rachel

718

878-5811

at ()

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

fax reference H19000362739 3

ax reference H19000362739 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEGRITY 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 12/12/2019 and assigned
Florida document number L19000296352.

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 "L.L.C." or the abbreviation "LLC."

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

City, Florida 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	YEHUDA MOSKOVITZ	182 LYNCH STREET	<input type="checkbox"/> Add
		BROOKLYN, NY 11206	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YOEL MOSKOVITZ	21 CHEVRON ROAD	<input type="checkbox"/> Add
		MONROE, NY 10950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSHUA GROSS	6761 NW 23RD WAY	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[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.

Typed or printed name of signee