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| Special Instructions to | Filing Officer: | · · |
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | |
|---------------------------------|---|---|
| SUBJECT: Segr | ner Toys LLC | |
| SUBJECT: Ocg. | | nited Liability Company |
| | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. |
| Please return all correspo | ndence concerning this matter | to the following: |
| | | |
| | Rainer N | . Filthaut |
| | | Name of Person |
| | Segner T | oys LLC |
| | Firm/Company | |
| | miami Trail N. Suite 416 | |
| | | Address |
| | Naples | . FL 34113 |
| | | City/State and Zip Code |
| | rainer@ | inter-realty.com |
| | | to be used for future annual report notification) |
| For further information co | oncerning this matter, please c | all: |
| Rainer N. Filth | aut | at (<u>239</u>) <u>213-4000</u> |
| Name of | f Person | at (239) 213-4000 ZEE ZEE ZEE ZEE ZEE ZEE ZEE ZEE ZEE |
| | | AHA 2 |
| Enclosed is a check for th | ne following amount: | ('\) |
| ☎ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | | τασιποιία τομή το επιτούτα) |
| Mailing Address | | Street Address: |
| Registration S Division of C | | Registration Section |
| P.O. Box 632 | | Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Segner Toys 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 10/10/2018 and assigned Florida document number _L18000240130 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 to 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

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.

City

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 | | |
|--------------------------|------------------------|---------------------------------|-------------------|--|--|
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| ective date, if other reflective date is listed, the te: If the date inserted cument's effective date | he date must be spe I in this block doe | cific and cannot as not meet the | e applicable su | of filing or more atutory filing r | than 90 days afte | ional) () in a signification of the signification | o 605103 |
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| red 07/23/2020 | | · | · | | | | |
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| | Signati | ire of a member | or authorized re | presentative of | a member | | |

Filing Fee: \$25.00