## 22000/73560

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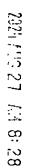
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## **COVER LETTER**

TO: Registration S Division of Co			
	egration LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Andrea Segal		
		Name of Person	·
	Path of Integration LLC		
		Firm/Company	
	18117 Biscayne Blvd PME	3 61914	
		Address	
	Miami, Florida 33160		
	andreabethsegal@gmail.coi E-mail address: (	City/State and Zip Code  n  to be used for future annual	
For further information c	concerning this matter, please c	all:	
Andrea Segal		305 29	99-94()]
Name c	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Address Registration: Division of CP.O. Box 632 Tallahassee.	Section Corporations 27	Divisio The Ce 2415 N	ddress: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 257 assee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Path of Integration 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  $\frac{4/11/2022}{1}$ and assigned Florida document number L22000173560 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 "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 \_\_\_, 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 I 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>	Name	Address	Type of Action
AP	Brittney Barth	18117 Biscayne Blvd PMB 61914	□ Add
		Miami, Florida 33160	■Remove
			□Change
			□Add
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		<del> </del>	□Add
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			Add 229
			□ Remove
			∏ Chanan

Andrea Segal is the sole of	owner/member of Path of Integration LLC.			
Path of Integration LLC is no longer a multi-member LLC.				
It is now a single member	r LLC owned and operated exclusively by Andrea So	egal.		
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ation does though on all on	8/18/24	(max) = 1)		
	must be specific and cannot be prior to date of filing or mor			
	is block does not meet the applicable statutory filing to Department of State's records.	requirements, this date will not be liste		
rd specifies a delayed effe iled.	ective date, but not an effective time, at 12:01 a.m. or			
	2/2/	51.7 1.202		
August 18	. 2024			
		2		

Typed or printed name of signee