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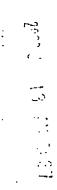
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kelly Segal		
		Name of Person	
		Firm/Company	
	10543 Pontofino Circle		, , , , , , , , , , , , , , , , , , ,
		Address	
	Trinity, FL 34655		• •
	1.11 00000 1	City/State and Zip Code	
	klbrown999@aol.com E-mail address: (elly. Segal Esoch to be used for future annual report no	ins with signification)
For further information c	oncerning this matter, please co		
Kelly Segal		727 643-5926	
Name o	f Person	at ()at ()	ne Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration S	ection
Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sorting with Segal LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 5/1/2023	and assigned
Florida document number L23000214272		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	viation "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 ad agent and/or the new registered office address here:	dress on our records, enter the name of	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Fioridu 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 provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605. F.S. Or, if ti	iliar with and his document is

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	Joshua A Segal	10543 Pontofino Circle	□Add
		Trinity. FL 34655	≣Remove
			☐ Change
MGR	Kelly L Segal	10543 Pontofino Circle	≣ Add
		Trinity, FL 34655	□ Remove
			□Change
			Ādd
			Remove
			Change-
			□ Remove
			□Change
			□Add
			
			
			Remove
			□ Change

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	be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 days after	
cord specifies a delayed effective s filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after th
ed	. 2023		
	Kolly Jean Signature of a member or authorized re	epresentative of a member	<u>.</u>

T: 12 00 = 0