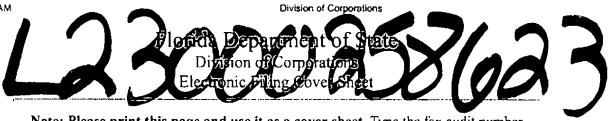
6/21/23, 9.08 AM



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.

(((H23000221203 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## RECYCABILITY LLC

| Certificate of Status | s <b>0</b> |  |
|-----------------------|------------|--|
| Certified Copy        | 1          |  |
| Page Count            | 05         |  |
| Estimated Charge      | \$55.00    |  |

Electronic Filing Menu Corporate Filing Menu

Help. LEMIEUX JUN 2 1 2023

From: Sylvia Paull

## COVER LETTER

| TO: Registration So<br>Division of Cor |  |   |  |
|--|--|---|--|
|  | BILITY LLC   |   |  |
| SUBJECT:                               | Name of Limite   | ed Liability Company  |  |
|  | Amendment and fee(s) are submondence concerning this matter to |   |  |
| ·                                      | Cheyenne Moseley   | ū   |  |
|  |  | Name of Person  |  |
|  | Legalzoom.com, Inc.  |   |  |
|  |  | Firm/Company  |  |
|  | 101 N Brand Blvd 11th Fl                                       |   |  |
|  |  | Address   |  |
|  | Glendale, CA 91203   |   |  |
|  | 0  | City/State and Zip Code   |  |
|  | Courtney.fishman@gmail.cor<br>E-mail address: (to              | m<br>be used for future annual report notifi                        | cation)  |
| For further information of             | concerning this matter, please call                            | ·   |  |
| Cheyenne Moseley                       |  | 800 773-0888  |  |
| Name o                                 | of Person  | at () Area Code Daytime   | Telephone Number   |
| Enclosed is a check for t              | he following amount:   |   |  |
| S25.00 Filing Fee                      | ☐ \$30.00 Filing Fee &<br>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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RECYCABILITY LLC  |  |  |
|---|--|--|
| (Name of the Limited Liability Com<br>(A Florida Limite   | npany as it now appears on our records.) ed Liability Company) | ···  |
| The Articles of Organization for this Limited Liability Compa.  Florida document number <u>L23000258623</u>       | ny were filed on 05/26/2023                                    | and assigned                                 |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited li   | ability company here:  |  |
| Resaleability LLC   |  |  |
| The new name must be distinguishable and contain the words "Limited Lic   | ability Company," the designation "LLC" or the a               | bbreviation "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)  |  |  |
|   |  |  |
| D. 16 dim the marietaned agent und/or marietaned  | office address on our resourts outer                           | the name of the n                            |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |  | - 2023                                       |
| Name of New Registered Agent:   |  | <u>;                                    </u> |
| Maine of New Registered Agent.  |  | ~  |
| New Registered Office Address:  |  | <del> </del>                                 |
|   | Enter Florado street address                                   | PH U   |
| <del></del>   | Florida  |  |
|   | 5 mg   |  |

New Registered Agent's Signature, if changing Registered Agent:

Uheraby average the appointment as registered agent and agree to act in

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

From: Sylvia Paull

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>Titte</u> | <u>Name</u> | Address   | Type of Action |
|--------------|-------------|---|----------------|
| AMBR         | Beth Laski  | 13636 Ventura Blvd, #346, Sherman Oaks, CA<br>91423 |                |
|              |             |   | Remove         |
|              |             |   | Change         |
|              |             |   |                |
|              |             |   | □ Remove       |
|              |             |   | Change         |
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|              |             |   | Remove         |
|              |             |   | ☐ Change       |

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| Note: It | e date, if other that<br>tive date is listed, the da<br>the date inserted in the<br>it's effective date on | his block does no | it meet the appl | licable statutory fil | more than 90 days<br>ling requirements. | optional)<br>after filing.) Pursuant to<br>this date will not be | 605.0207 (.<br>listed as tl |
|          | rd specifies a del<br>Oth døy after the  |                   |                  | not an effective      | e time, at 12:0                         | )1 a.m. on the ea  | arlier of:                  |
| Dated    | Jure   | 12                | 202              | 3.                    |   |  |                             |

Typed or printed name of signee