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.

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**Division of Corporations** 

Fax Number : (850)617-6383

## From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

19 AUS 14 PH 4: 2

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIG BOX BOOKS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SULKED

AUG 17 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Box Books LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	(3)	
The Articles of Organization for this Limited Liability Company were filed on 02/27/2018			
Florida document number L18000052344		1	
This amendment is submitted to amend the following:	7		
A. If amending name, enter the new name of the limited liab	ility company here:	U	
	بي -		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation"L.L.C."	
Enter new principal offices address, if applicable:	49 W Mt Pleasant Avenu	e	
(Principal office address MUST BE A STREET ADDRESS)	#1639		
Trincipal office dadress Most De A. M. 221 M. 221	Livingston New Jersey 07039		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	49 W Mt Pleasant Avenu #1639	e	
	Livingston New Jersey 0	7039	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, e:	enter the name of the	
New Registered Office Address:	Enter Florida street address		
	. Flor	<del>i</del> da	
	City	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>	Address	Type of Action
AP	Sean Sullivan	49 W Mt Pleasant Avenue #1639	🖸 Add
		Livingston, New Jersey US 07039	Remove
			□ Change
<u>AP</u>	Peter Casebolt	618 E SOUTH STREET SUITE 500	
		ORLANDO, FL 32801	☑ Remove
			Change
			🗆 Add
			Remove
			🗆 Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			_□ Remove
			Change
<u> </u>			
			Remove

D. If amending any other information.	, enter change(s) here: (Att	ach additional sheets, if necessary.)
	<del></del>	
		A Part of the Part
		(6,4)
<u> </u>		
E. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) tatutory filing requirements, this date will not be listed as the
If the record specifies a delayed ef (b) The 90th day after the record		effective time, at 12:01 a.m. on the earlier of:
Dated August 14	2020	
	nature of a member or authorized i	representative of a member
Morgan Nob		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00