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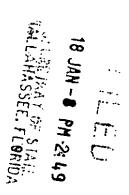
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COVER LETTER

Division of Corporations
SUBJECT: BOOK Junkie Studio LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
The state of the s
Stephani Atamacio Name of Person
Eco-Junicie Fashions LLC
5755 NE 640 C4
Address
Ocalc, FL 34479 City/State and Zip Code Stephani @ eccipun Lic fashios - Com E-mail address: (to be used for future annual report notification)
Stephani © ecojum Victorium 3 - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephani Atlanacia at (352) 397-1040 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

unka Studio UC

(A Florida Limited Lia	ability Company)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L1700054425</u> .	vere filed on OD May(in 2017	and assi	gned
Piorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
ECO- TinVie Foshions The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the new nam	y Company," the designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:	5755 NE 6th Ct	_	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 3447 C		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5755 NE 6th C+ Ocala, FL 34479		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	ice address on our records, <u>ente</u> :	or the name of 180 JAN	of the new
Name of New Registered Agent:		-XSS	*
New Registered Office Address:	Enter Florida street address	2. 3. 3	
	. Florida	Zip Gde	
New Registered Agent's Signature, if changing Registered Agent:		4.4	

If Changing Registered Agent, Signature of New 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 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	Phillip Schuster	5755 NE WY C+	□ Add
		ocala, FL 34479	
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an effec	tive date is listed the date inser	d, the date must	t be specific a	ind cannot be	e prior to dat	e of filing or	more than 9	0 days after			-
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Page 3 of 3

Filing Fee: \$25.00