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EXAMINER



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SECRETARY OF TAIL DIVISION OF CAPALIATION

COVER LETTER

TO: Registration Section Division of Corporations .				
SUBJECT: Wholesome Books LLC 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:				
Heidy Wlaver Name of Person				
Weaver's Birdery, Inc.				
2565 Philips Huy.				
Jax FL 32201 City/state and Zip Code hb weaver 200 netzero.net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Heidy Wewer at 904, 280-4354 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certificate of Status & 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, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

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ur records.)	

OF (Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company) Florida document number ______LO900025248 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Alan Wlaver

2565 Philips Hwy.

Enter Florida street address

Tack-Sonville Florida 3220)

City Zip Code Name of New Registered Agent: New Registered Office Address:

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 608, 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

Page 1 of 2

Exampling the Managers or Managing Members on our records, enter the title, name, and address of each Manager records: MGR = Manager MGRM = Managing Member				
Mgcm	Narcy Cardy	209 Crooked Ct. Jax, #L 32259	Roman Remode	
mycm	J. Alan Weaver	2565 Ahilips Huy. Jax, FL 32201	Add Remove	
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D. If amer	•	lge(s) here: (Attach additional sheets, if necessary. Idress: 2565 Philips Huy	,	
		Jax, FL 32200)		
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Dated	Ab.	2009. Weith Work er or authorized representative of a member		
	Heidu	Weaver		
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Filing Fee: \$25.00