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SECRETARY OF STATE FALL AHASSEE, FLORID

J. BRYAN

FEB 1 8 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Name of Limited Liability Company		
The en	closed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Donald Cooper Name of Person		
	(owner) Firm/Company	10 FE SECR TALLA	-1 11
	D. O. Box 19713 Address	B 17	
		O FEB 17 AM II: 45 SECRETARY OF STATE ALLAHASSEE, FLORIDA	FILED
	City/State and Zip Code	LORI STAT	
	Paranam City Beach, FL 32417 City/State and Zip Code donald cooper Whotmail. com E-mail address: (to be used for future annual report notification)	₽ 1	
For fur	ther information concerning this matter, please call:		
	Name of Person at (85%) 625-6891 Area Code & Daytime Telephone Number		
Enclos	ed is a check for the following amount:		
\$2 5	(additional copy is enclosed) Certified	te of Status &	;d)

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 TO ARTICLES OF ORGANIZATION OF

Book	Florida, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on ou ed Liability Company)	ır records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>W1QQQQQ</u> L1 QQQQQ	723	9 / 2010 and assigned	
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 "I "L.L.C."	ver tising, LLC Limited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRESS	5)	Pon o	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FEB 17 MII: 45 RETARY OF STATE AHASSEE, FLORID	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our re <u>here</u> :	cords, <u>enter the name of the nev</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida 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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
ologosia — marina de la compansión de la c			Add Remove	
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_	
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Dated		P.	रा ^म र न	
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		er or authorized representative of a member		
	Турес	onald Allen Cooper I (02)	116/2010)	

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Filing Fee: \$25.00