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ZOII NAY -2 AM DO 50 SECRETARY OF STATE

T. CLINE
MAY - 4 2011
EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJI	ест:}	fere Be	Dragons Name of Lim	Book shoppe LLC ited Liability Company			
The en	closed Articles o	of Amendment	and fee(s) are sul	bmitted for filing.		`	
Please	return all corres	pondence conc	erning this matter	r to the following:			
		***	Paula	Thomoson Name of Person			
			Here B	e Orggons Bookshopp	e		
		<u> </u>	125 W. 1	Plant Street Address			
		<u></u>	unter 1	Gardin FL 34787 City/State and Zip Code ons 66 C yahoo.com (to be used for future annual report notificat		2011 HAY -2 AM D 50 SECRETARY OF STATE TALLAHASSEE, FLORID	
		^			ion)	RY OF	
For fu	ther information	concerning th	is matter, please	call:		FLOG	C
	Paul	a Thom e of Person	pron	at (407) 877 · 266 Area Code & Daytime T	elephone Number	₹0 ,	
Enclos	ed is a check for	the following	amount:				
\$25	5.00 Filing Fee		Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status &	

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

Here Be Dragons	Bookshoppe LLC	
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now absears on our rec ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{10}{13}$	/o and assigned
Florida document number <u>L 10000 107 163</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
The new name must be distinguishable and end with the words ". "L.L.C."	Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	₹0 ≥
		ARETA ARETA
Enter new mailing address, if applicable:	N/A	SSR -2
(Mailing address MAY BE A POST OFFICE BOX)		
		5 5 C
B. If amending the registered agent and/or registered	d office address on our records	enter the name of the new
registered agent and/or the new registered office address	here:	enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> Type of Action Michael P. Thompson 713 Clancy Street WMter Gardin FL MGRM . Add Remove ☐ Add Remove . ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ April 29 , 2011 Signature of a member or all thorized representative of a member Mschael Thomoson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00