# L110000 39206

(Red	questor's Name	)
(Add	dress)	
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(City	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to I		
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Office Use Only



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J. HARRIS

# **COVER LETTER**

Division of Cor	porations		
SUBJECT:	POSITIVE Name of Limit	BOOKS LL	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BERT	Name of Person	4
	POSITI	JE BOOKS L	_LC
	8108 S	TIRRUP Car	1 CT.
	BOYNTO	Chy/State and Zip Code	ELA 33436
	DRUROUPI	OBELL 50 V	IH, MEI
For further information of	oncerning this matter, please ca	•	cation
BERT FEI	DMAN	ar561, 780	7 - 50 1 To Telephone Number
Enclosed is a check for the	c following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(A Florida Lim	ited Liability Company)					
The Articles of Organization for this Limited Liability Comp	pany were filed on 4/1201 and assigned					
Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company here:					
,	<del></del>					
The new name must be distinguishable and contain the words "Limited	ity Company were filed on					
•						
(Principal office address MUST BE A STREET ADDRES.	<u>S</u>					
	emitter Section 1					
Enter new mailing address, if applicable:						
(Mailing address MAY RF A POST OFFICE ROX)						
	<u> </u>					
R If amending the registered agent and/or registere	od affice address on our records, enter the name of the name					
Name of New Registered Agent:						
New Registered Office Address:						
To regime of the faution.	Enter Florida street address					
	Plant J.					
	, Florida 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

MGR = Manager AMBR = Authorized Member ALAH G. FELDMAN 12029 SARATOGA-SUNMY WALER RD SARATOGA, CA. 95070 Title ☐ Change MGR. DAVID H. FELDMAN Y 7 S. TERRACE CT. XAdd SAN JOSE, CA 95138 \_□ Remove 408-221-0124 ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Remove □ 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:

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<u>Sote:</u> locum	ve date, if other than the date of filing:	d as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of
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ated	- 1/21/17/ - 1/1/1/ / - 三 章 章	
ated	Betting Signature of a member or authorized representative of a member	
ated	Betton Signature of a member or authorized representant ve of a member  BETTAM (EDM)  Typed or printed name of signee  33  33  33	

Page 3 of 3

Filing Fee: \$25.00