# US000 161620

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Books,	Bagels and Bea,	is
-	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Antonio	DAMIANO Name of Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	BAGELS CUL BEA Firm/Company	NS
	4845 5	Ott Dive Address	
	Vero Ber		32967
	Authory = E-mail address: (1	City/State and Zip Code  AMI AND @ I Cloud to be used for future annual report notified	is S & CoM
For further information co	ncerning this matter, please ca		
_Antovio	SamiAw		7-1076
Name of	Person		e Telephone Number
Enclosed is a check for the	e 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:

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

# TO **ARTICLES OF ORGANIZATION**

Book BAgels	-and Bears-
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number # L 15 000 16 62	ny were filed on $9-16-15$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	X/ A = 5
Enter new mailing address, if applicable:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: Au	Jonio Damionso 5 50+# Drive
New Registered Office Address: 484	5 50 + H DHVL Enter Florida street address
Vero	Beach Florida 32967
New Registered Agent's Signature, if changing Registered Agen	City Zip Code <u>1:</u>

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

### or removed from our records:

	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
MgR	Antonio DAMIARO	1843 50+4 Srul Vero Bosch Fla 32967	IZ Add
		Vero Besch Ha 32967	□ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of some of the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	tutory filing requirements, this date will a	nuant to 605.0207 not be listed as
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on t	he earlier of
Pated July 23, 2016, Jacing		
Signature of a member or authorized re	presentative of a member	
ANTONIO DAMIANO	)	
Typed or printed name	of signee	-

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Filing Fee: \$25.00