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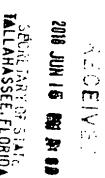
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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### **COVER LETTER**

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: Classical Conversations Waverly 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:
Elsa Indicello Name of Person
Classical Conversations Wavely LLC Firm/Company
4047 126 Dave W
Address
West Palm Beach, Fl 33411 City/State and Zip Code
Farm house school house annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

### TO ARTICLES OF ORGANIZATION OF

## Classical (onversations Waverly LLC (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 JUNE 20, 2016 and as	signed
Florida document number <u>L1 (000120483</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Books and Britches U.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:	4047 126 Drive V	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach FL 33411	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4047 174 Drye N West Palm Beach FC 33411	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		m O
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	<b>≪</b>
	, Florida	
	City Zip Code	
No or Design and Associate Classical and Colored Design and Associate		

#### 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member No charge.

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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(If an eff Note:	ive date, if other than the date of filing:  (option ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filt the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ling.) Pur	suant to not be	605.0207 ( listed as t
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.i 90th day after the record is filed.	m. on	the ea	arlier of:
Dated	June 11 2018			
	Signature of a member or authorized representative of a member			_
	Elsa Indicello			

Page 3 of 3

Filing Fee: \$25.00