FFF08100011

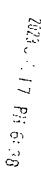
(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
0 111 1 1		
Special Instructions to	Filing Officer.	
		•

Office Use Only



800412148368

07/17/23--01023--004 *+25.00



S. FROM LIN 7.03 4 5 2023

COVER LETTER

Registration Section

Tallahassee, FL 32314

Division of Corporations Authentic Books LLC. SUBJECT: 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: Natisha Asbell Name of Person Authentic Books LLC. Firm/Company 1815 N Orange Ave. Address Orlando, FL 32804 City/State and Zip Code natisha@authenticbooks.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 5368757 954 Natisha Asbell Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Authentic Books LLC.			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liabi lorida document number	ility Company 	were filed on	and assigned
his amendment is submitted to amend the followi	ing:		
. If amending name, enter the new name of th	e limited liab	ility company here:	
ne new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicabl	le:		·
Principal office address MUST BE A STREET A	ADDRESS)	1815 N Orange Ave, Orlando, FL 32804	
-			<u>. </u>
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	1815 N Orange Ave, Orlando, FL 32804	ن. د	
			ည
3. If amending the registered agent and/or regi		address on our records, enter the name	of the new regis
gent and/or the new registered office address h	<u>iere</u> :		
Name of New Registered Agent:			
Name Descriptional Office Addresses	1815 N Orange	e Ave	
New Registered Office Address:		Enter Florida street address	
	Orlando	Florida 3280	ч
	-	, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Natisha Asbell	1815 N Orange Ave, Orlando, FL 32804	 Add
			□Remove
			□Change
AMBR	Natisha Asbell		🗆 Add
			□Remove
		4815 N Orange Ave, Orlando, FL 32804	≘ Change
AMBR	Wesley Asbell		□Add
		3600 Midiron Dr., Winter Park, FL 32809	
			□Change
***************************************			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	90 · 30	
		2073
		<u>ී</u>
		 :ခဲ့ ဆိ
ective date, if other than th		(optional)
e: If the date inserted in this	block does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 605.02 bry filing requirements, this date will not be listed
ument's effective date on the	Department of State's records.	
cord specifies a delayed effect	tive date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after th
s filed.		()
July 12	2023	
ed	·	
/ 1	\ a\1	
Milte	Signature of a member or authorized repres	