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COVER LETTER

TO:	Registration Se Division of Cor			
		ODY CAFE LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	. <u> </u>
The er	nclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Christopher Casper		
		Caspers Company	Name of Person	
			Firm/Company	
		4908 W. Nassau St.	, min eximpany	
			Address	
		Tampa, FL 33607		
		ecasper@casperscompany.e	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notifi	cation)
For tu	rther information c	oncerning this matter, please ca	ill:	
Christ	topher Casper		813 769-4955	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PEABODY CAFE LLC

(Name of the Limited Liability Company as it now appears on our records:) JUH - 4 P 2: 54

The Articles of Organization for this Limited Lia Florida document number L16000198327		and assigned
Pioriga document number		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
LIBRARY JV ELC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
•		
B. If amending the registered agent and/o registered agent and/or the new registered off		ir records, <u>enter the name of the n</u>
registered agent and/or the new registered on	ice audies, nere.	
Name of New Registered Agent:		
Name of New Registered Asgem.		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	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 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
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Effective date, if other than the fran effective date is listed, the date mu Note: If the date inserted in this bluocument's effective date on the D	ock does not	t meet the app	olicable statute	ing or more than 9 ry filing require	(optional) 0 days after filing.) ments, this date v	Pursuant to 605.0207 vill not be listed as
he record specifies a delayed The 90th day after the rec	l effective ord is filed	e date, but d.	not an effe	ctive time, at	: 12:01 a.m. c	n the earlier of
Dated May 28		2019	_			
<u></u>			<u> </u>			
1/1/20	_ /_			entative of a men		

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Filing Fee: \$25.00