# L17000136983

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## **COVER LETTER**

Division of Cor				
Uncarthed	Art Studios			
30bj&C1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rachelle Eason			
		Name of Person		
Unearthed Art Studios, LLC - new name is Boiled Books, LLC				
	PO Box 2513	Firm/Company		
		Address		
	Lakeland, FL 33806			
	rachelle.eason@aol.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notifies	ition)	
For further information c	oncerning this matter, please ca	all:	مب. م.	
Rachelle Eason		828 305-5144 at ()		_ 3 =
Name o	d'Person	Name of Person  Idios, LLC - new name is Boiled Books, LLC  Firm/Company  Address  O6  City/State and Zip Code L.com  address: (to be used for future annual report notification)  please call:  828 305-5144  Area Code Daytime Telephone Number		
Enclosed is a check for th	ne following amount:			10
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Certified Co	g Fee F3 of Status & opy

#### 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

Unearthed Art Studios, 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 \_\_\_\_\_ \_\_\_\_ and assigned Florida document number \_\_\_\_\_L17000136983 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Boiled Books, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		
			Remove
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
			☐ Change
			Remove
			Change

☐ Remove

\_ Change

D. If amending any other info	rmation, enter change(s) here: (Attach	additional sheets, if necessary	.)
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Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of fili is block does not meet the applicable statuto ne Department of State's records.	(optional) ing or more than 90 days after filing.) ry filing requirements, this date v	Pursuant to 605.0207 (3)( will not be listed as the
If the record specifies a dela (b) The 90th day after the	yed effective date, but not an effective date, but not an effective date, but not an effective description.	ctive time, at 12:01 a.m. c	on the earlier of:
July 28	2017		٠٠
Dated	un L. Eason		·
7 3300	Signature of a member or authorized representation	entative of a member	1/0-24
Rachelle Eason			2

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Typed or printed name of signee

Filing Fee: \$25.00