# 117000253934

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## **COVER LETTER**

TO:	Registration Secondivision of Corp				
SUBJE	CT:	MOCKUMEHTAN		s HC	
		Name of Lim	ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspon	dence concerning this matter	to the following:		
		Lisa	Kerics .		
			Name of Person		
		Dicks	TNANTON PA		
			Firm/Company		
		520 H OMANDO		·	
			Address		
		WINTER PA		2789	
		lica	City/State and Zip Code  DWAGELICU.	China	
			to be used for future arrus	l report notific	cation)
For fur	ther information con	ncerning this matter, please ca	all:		
Li	sa Kepics		at (407)	216-	1737
	Name of	Person	Area Code	Daytime '	Telephone Number
Enclose	ed is a check for the	following amount:			
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		□ \$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

	ntaky production		
(Name of the Limited I (A)	iability Company as it now appear forida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi Florida document number L17000253934	lity Company were filed on _	12.12.17	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the		iere:	
STOR BOOK PUBLISHING L The new name must be distinguishable and contain the words		designation of LC? and he also	harrietien (T. 1. O.)
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	designation this of the do	oteviation B.E.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
			7,
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address o address here:	n our records, <u>enter</u>	the name Files
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	- Si de la
		, Florida	<b>№</b> 4
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

<u>tle</u>	Name	Address	Type of Action
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ective d	late, if other than	n the date of fi	ling:		(optional	<b>)</b>
effective	e date is listed, the dat	te must be specific	and cannot be prior	to date of filing or mor	e than 90 days after filing requirements, this dat	g.) Pursuant to 605.0
	s effective date on t			able statutory ming	requirements, this dat	e will not be fisted
				t an effective tir	me, at 12:01 a.m	. on the earlie
ne 9ut	th day after the	e recora is tile	ea.			
د ـ	FEBRUARY	20	2019			
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Filing Fee: \$25.00