## L17000261589

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## **COVER LETTER**

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Division of Co			
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, object.	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shelly Bell		
		Name of Person	
	<del></del>	Firm/Company	
	2225 Campestre Terrace		
	Naples, F1, 34119	Address	
	attomeyshellybell@gmail.c	City/State and Zip Code om	
n e a tre e c		to be used for future annual report notifi	cation)
Shelly Bell	concerning this matter, please c	aii: 313 550-3313	
	of Person	at ( )	Telephone Number
Enclosed is a check for	the following amount:		
□ \$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

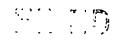
MAILING ADDRESS:

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



Shelly Bell Books, LLC

company has been notified in writing of this change.

2019/11/19 AMTI: 14

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number 1.17000261589	were filed on 12/26/2	2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Fiddler's Creek Press, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the abb	reviation "L.L.C."
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 off registered agent and/or the new registered office address here		ır records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			<del> </del>
New Registered Office Address:	Enter Florida	street address	
		, Florida	Zip Code
	City	<u>-</u>	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

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effective Note: If th	ate, if other than the date is listed, the date must date inserted in this bleeffective date on the Defective date on the Defective date.	t be specific and cannot bock does not meet the	applicable statutory i	(option or more than 90 days after filing requirements, this	nal) Tling.) Pursuant to 605.020 date will not be listed as
	specifies a delayed h day after the rec		ut not an effectiv	e time, at 12:01 a	.m. on the earlier o
Dated July	2	2019	· ⁄\		
	5/1	1/1 7	00	tive of a member	

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Typed or printed name of signee

Filing Fee: \$25.00