11800037659

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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Bookmark	Enterprises, LLC			
NODJECI.		Name of Lim	ited Liability Company	•	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Elizabeth Alderman			
			Name of Person		_
		•470	Firm/Company		_
		3020 Baltic Avenue			
			Address		_
		Tallahassee, FL 32308			
		doc1036@aol.com	City/State and Zip Code		_
		E-mail address: (to be used for future annual rep	ort notification)	
For further in	iformation c	oncerning this matter, please ca	all:		
Elizabeth A	lderman		561 225-5	5478	
	Name o	f Person		Daytime Telephone Number	ir
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Bookmark Entgerprises, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000037659	Company were filed on February 12, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/AMGR		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	8 √15.17
		G SA
		○
Enter new mailing address, if applicable:		200 € 1890 €
(Mailing address MAY BE A POST OFFICE BOX)		
(mutting dutiess MAT BE AT OST OFFICE BOX)		<u> အ</u>
		
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		iter the name of the ne
New Registered Office Address:	Enter Florida street address	
<u></u>	, Florid:	a Zip Code
	Cuy	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 **Title Address Type of Action Name** Elizabeth W. Alderman 3020 Baltic Avenue, **MGR** Tallahassee, FL 32308 ΔeγAdd ☐ Remove ☐ Change \square Add ☐ Remove _□ Change _□ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove

_□ Change

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Effectiv	re date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date wiln't's effective date on the Department of State's records.	
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlie
Dated _	·	
	Signature of a member or authorized representative of a member	
	•	

Page 3 of 3

Filing Fee: \$25.00