118000242410

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corp	orations		
SUBJECT:	Get You-B.	ooks Pone LCC nited Liability Company	<u>-</u>
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspond	dence concerning this matter	r to the following:	
	Alexander	- Zograf Name of Person	
		Firm/Company	
	201 173th	Drive Sunny (S)	es 19+ #418
		ISIES FL 331 City/State and Zip Code	
	Alexanderzo	ograf@quail.com to be used for futere annual report notif	fication)
For further information con-			
Alexander Name of Pe	Zograf	at (<u>917</u>) <u>37/-3</u> Area Code Daytime	: Telephone Number
Enclosed is a check for the f	following amount:		
▼ \$25.00 Filing Fee	S30.00 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 Sec		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Get You-Books Done	LLC	<u>-</u> _				
Get You-Books Done (Name of the Limited Liability Compa (A Florida Limited I	<u>ny ay it now app</u> Liability Compan	ears on our rec y)	ords.)			
The Articles of Organization for this Limited Liability Company				a	ind assi	igned
Florida document number <u>L18000242410</u> .				_		G
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company	<u>here</u> :				
The new name must be distinguishable and contain the words "Limited Liability Inches the North Property Inches The North P	ity Company." the	e designation "L	LC" or th	e abbreviat	ion "L.1	"C."
Enter new principal offices address, if applicable:	201	178 th	_Drh	je A)ot#	412
(Principal office address MUST BE A STREET ADDRESS)	Sunny	Isles	FL	33/	60	
		<u>_</u>				
Enter new mailing address, if applicable:	201	178th	Dn	<u>ue</u>	Apt	# Y1&
(Mailing address MAY BE A POST OFFICE BOX)	Synny	178th Isles	FL	_33	160	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	,			ame of th	DEC 27	registero
	Enter Ffe	orida street addre	ews Torida	TATE	52	
Name Description 1 to 100 and	City	,· -	··· <u>-</u>	Zip (Code	
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this erformance o	capacity. I fi f my duties, a	urther a ind I an	gree to c 1 familia	comply r with	with the

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 addorremoved from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ote It	re date, if other than the date of filing:	05,020 sted a
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af d.	ier the
	12/21 2021.	
ated _		
Dated _	Signature of a member of authorized representative of a member	