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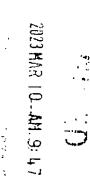
(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Name)
(Dx	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer: 02976,	0007/

Office Use Only



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No. 17 7023

COVER LETTER

	egistration Se vision of Co			
CHRICA	Book Direc	et LLC		
SUBJECT:	·	Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Michael T. Cilliers		
			Name of Person	_
		In The Spotlite LLC		
			Firm/Company	
		299 Jarama Circle		
			Address	
		St. Augustine, FL 32084		
			City/State and Zip Code	······································
		mike@thespotlite.me		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please c	all:	
Michael Cil	liers		772 872-2007	
	Name o	t' Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
	illing Addres		Street Address: Registration Sec	ction
Di	vision of C	orporations	Division of Cor	porations
	D. Box 632		The Centre of T	
l a	llahassee, I	L 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* # ::D

Book Direct LLC

2023 MAR 10 AM 9: 47

(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our recor- iability Company)	<u>ds.</u>)	
•		. , .	1	
The Articles of Organization for this Limited Liab	oility Company	were filed on September 20, 20	and assigned	
Florida document number L19000238638	·			
This amendment is submitted to amend the follow	zing:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
In The Spotlite LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC	O" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:	299 Jarama Circle		
(Principal office address MUST BE A STREET		St. Augustine, FL 32084		
Enter new mailing address, if applicable:		299 Jarama Circle		
(Mailing address MAY BE A POST OFFICE BOX)		St. Augustine, FL 32084		
			<u>.</u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records, <u>enter</u>	the name of the new regi	
Name of New Registered Agent:				
New Registered Office Address:	299 Jarama Circ		<u>_</u>	
		Enter Florida street addre:	N.S.	
	St. Augustine	, FI	orida <u>32084</u>	
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Remove
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ffective d	ate, if other than the date (of filing:		(entional)	
an effective	late, if other than the date of date is listed, the date must be spe	cific and cannot be prior to	date of filing or more tha	n 90 days after filing.) Pursi	iant to 605,0207
	e date inserted in this block do effective date on the Departm		ne stantiory filing requ	irements, this date will n	ot be listed as
record spe	ecifies a delayed effective date,	but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
l is filed.					
Eak.	112m: 26	2023			
Febrated	——————————————————————————————————————	2023	<u>.</u> .		
	(MACH			
-	Signali	in af a member or authori:	zed representative of a m	ember	
			•		
	Michael T. Cilliers	/			

Filing Fee: \$25.00



February 2, 2023

MICHAEL T. CILLIERS 299 JARAMA CIRCLE ST. AUGUSTINE, FL 32084

SUBJECT: BOOK DIRECT LLC Ref. Number: L19000238638

We have received your document for BOOK DIRECT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L22000482450.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

MAR 10 2003

Letter Number: 223A00002491