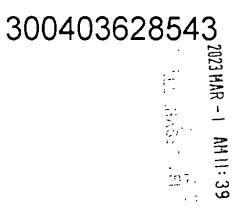
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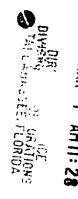
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: al Instructions to Filing Officer:

Office Use Only





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## **COVER LETTER**

	egistration Sec ivision of Corp					
SUBJECT	. Chie	BY ACh	uc			
SOBJECT				ited Liability Company		
The enclose	ed Articles of A	Amendment and fe	e(s) are sub	mitted for filing.		20
Please retui	rn all correspor	idence concerning	this matter	to the following:		2023 HAR -1 ANTI: 39
			<u>Ashlic</u>	william(	****	
				Name of Person		
				Firm/Company	***	_ 39
		<u>113 S</u>	· Moni	Address		_
		tallah	a (((c	F1 32301 City/State and Zip Code		
		ashlo	2 _ W	o be used for future annual repo	7 Dya natori notification)	).cm
For further	information co	oncerning this matt	er, please ca	all:		
ACh	110 Will			at (BGO), V	13 - 26 23	
	Name of	Person		Area Code	Daytime Telephone Numb	er
Enclosed is	a check for the	e following amoun	ıt:			
□ \$25.00	Filing Fee	≦ \$30.00 Filing Certificate o		□ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &
	ailing Address			Street Addr		
	egistration S			Registratio	on Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23

9	-	<i>~</i> :
(Name of the Limited Liability Compa		
The Articles of Organization for this Limited Liability Company	were filed on June 19	12020 and assigned
Florida document number 120000 107 491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  C BOOK CIL HOLY  The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	LC lity Company," the designation LLC 113 C MM 18C	21.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter	
	Enter Floridu street addres.	3
<del> </del>		orida Zip Code
	City	гир Соде

## 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Remove
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record spec is filed.	ifies a delaye	ed effective o	late, but no	t an effect	ive time, a	t 12:01 a.	m, on the	earlier of: (	b) The	90th day	after th
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ated	<del>\</del>	//\\Si	gnature of a	member or	authorized	representa	tive of a me	mber			_

Filing Fee: \$25.00