## 121000035367

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Crown Pali	m LLC		
SUBJ	ЕСТ:			
		Name of Lim	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Charles R Bell Jr.		
			Name of Person	
			Firm/Company	
		2029 NW 8th Terrace		
		Cape Coral, Florida, 3399	Address	
		cbell23@fau.edu	City/State and Zip Code	
		E-mail address: (	to be used for future annual repor	t notification)
For fu	rther information c	oncerning this matter, please ca	all:	
Charle	es R. Bell Jr.		239 220-60	(14
	Name o	f Person	at () Area Code 1)	aytime Telephone Number
Enclos	sed is a check for th	nc following amount:		
□ <b>\$</b> 2	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 Address:

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

Crown Palm LLC	
(Name of the Limited Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on   L21000035367	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The Good Book Dispatch LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_
This is a second of the second	
The span office dame is in our DE ALVINEET ADDITION	
<del></del>	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our	records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	02
	lorida street address
	, Florida _
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
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 c: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed aument's effective date on the Department of State's records.  Ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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