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10/25/21--01029--007 \*\*25.00

T. MATTHEWS

NOV - 2 2021

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Be	SSIR BOOKS	uc	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	indence concerning this matter (	to the following:	
	Elizabe	M CORMAN Name of Person	·
	Prosie	BOOKS LLC	
	430 Bay 5	+ NE Apt	905
	Saint Peter	3 burg FL 3	370)
	el zobeth colon E-mail address: (1	nan 49 @ Omos) . Co be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
E). Zabeth Name o	Colenian Person	at ( <u>DD)</u> <u>July</u> Area Code Daytim	6307 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Starus	☐ \$55.00 Filing Fee & Contified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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



ompany as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number 12/000450443 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and addition teach person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address 1 007 25 PH 3: 21	Type of Action
MGR	Elizabeth Coleman	430 Bay St. N.E.	□Add
		Apt. 905	□Remove
		Apt. 905 St. Petersburg, Fl. 33	70/ Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
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			□Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter	er change(s) here: (Attach additional sheets, if necessary.)
	21 007 25 PH 3: 21
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E. Effective date, if other than the date of f (If an effective date is listed, the date must be specific Note: If the date inserted in this block does r document's effective date on the Department	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but record is filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 19	2021
Elizabeth E	of a member or authorized representative of a member
Elizabeth 1	E. Coleman Typed or printed name of signee