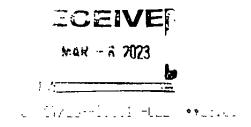
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PICK-UP	WAIT	MAIL
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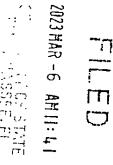
Office Use Only



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5/2/23 V.W



COVER LETTER

Division of Corporations Gravitas Civis Books, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Gutierrez Name of Person Gravitas Civis Books, LLC Firm/Company 2432 Basswood Lane Address Tallahassee, FL 32308 City/State and Zip Code argy616@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Gutierrez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

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

Gravitas Civis Books, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ned Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on December 21, 2021	and assigned
lorida document number 1.21000531123		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
Gravitas Civies Books, LLC		
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abbi	eviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	_8
		2023
	, ef	***
nter new mailing address, if applicable:	<u> </u>	, 6
Mailing address MAY BE A POST OFFICE BOX)	SX:	
runng united the state of the s	The state of the s	
		<u> </u>
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:		
N D 1 CVC A delegare		
New Registered Office Address:	Emer Florida street address	
	Planta	
	Florida	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 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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			Remove
			☐ Change
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