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COVER LETTER

то:	Registration Se Division of Cor					
SUBJEC	Joanne's Bo	oooks, LLC				
300312	×1.	Name of Lim	aited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Giovanna Gaudino				
			Name of Person			
		Joanne's Books, LLC				
Firm/Company						
		P O BOX 100081				
			Address			
		Palm Bay, Florida, 32910				
			City/State and Zip Code			
		joannes_books@outlook.com E-mail address: (to be used for future annual report notification)				
For furth	er information co	oncerning this matter, please of	·	canony		
Daniel F			321 914-4498			
	Name of	Person		Telephone Number		
Enclosed	is a check for th	e following amount:				
\$25.4	00 Filing Fee	S30.00 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)		
	<u>Mailing Address</u> Registration S		Street Address:	tion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

JOANNE'S BOOOKS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/01/2022}{1}$ ____ and assigned Florida document number ______L22000000802 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Joanne's Books, LLC 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.

. Florida

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
			□Adđ
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□ Add
			ПRетоve

	We are amending the name only, to correct the spelling of Joanne's Books.
Effect	ive date, if other than the date of filing:
Note:	fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date on the Department of State's records.
е гесо	d 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
rd is f	led.
· · · · · · · · · · · · · · · · · · ·	January 17 / 2021
Dated	·
	7//
	Signature of a member or authorized consequentation of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00