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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
cuto te cae	Castle Park	Books, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Christina Boensel		
			Name of Person	
		,	Firm/Company	 .
		1187 Eastwood Branch Dr		
			Address	···
		Saint Johns, FL 32259		
		Name of Person		
		·		ort notification)
For further in	nformation c	oncerning this matter, please c	all:	
Christina L l	Boensel			549
	Name o	f Person		Daytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 J	iling Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Addres			
Div	vision of C	orporations	Division o	f Corporations
). Box 632 Ilahassee, I			e of Tallahassee Conroe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle Park Books, LLC		
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.22000435423	Company were filed on Oct 11, 2022	and assigned
	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	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
MGR	Shannon P Felgar	3618 32ND STREETSAN DIEGO, CA 92104	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
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			🗆 Add
			□Remove
			🗆 Change

Fective date, if other than the date of filing: DF 20; 2002			,						_			
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signature of a member of authorized representative of a member				////// Signature	of a memb	<u> </u>	CEPCS C	Sentative of a	member			