

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basiness Entity Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
OCT 19 2023				
00113 2023				





10/10/23--01030--006 ++80.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Jodi L. Wilcox 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:					
Jodi L. Wilcox					
Wicked A Wesome Books n More UC					
718 Manns Harbor Dr.					
Apollo Beach, FL 33572					
E-mail address (to be used for future annual report potification)					
For further information concerning this matter, please call:					
Todi Wil COX at (813) Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee 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

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

Enter Fibrial Mreet dadress

_____, Florida _

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>	Name	Address	Type of Action
<u>AMBR</u> 	Christopher Wikox	118 Manns Harbor Dr.	liZAdd
		118 Munns Harbor Dr. Apollo Beach, FL 33572	🗆 Remove
			□Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Twould like to change the pusiness name from Jodi L. Wilcox' to Wicked Awesome
Books n More U.C.
Janx Jou, Jow L. Wilcox
1/10/5/23
* EIN: 92-1804386
E. Effective date, if other than the date of filing: 10/10/23 (optional) (If an 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 10/5/23 Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00