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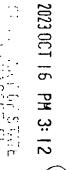
(Address) (Address) (City/State/Zip/Phone #)
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COVER LETTER

	Division of Cor		•	. *
SUBJEC	Bookman's	Property Maintenance Fl	•	
SUBJEC	-1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Nicholas Bookman		
			Name of Person	
			Firm/Company	<u>_</u>
		11071 West Thoreau place	:	•
			Address	
Crystal River, FL, 34428 City/State and Zip Code				
			•	· · · · · · · · · · · · · · · · · · ·
		bookmanspropertyfl@gmail E-mail address: (i.com to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please c	·	,
Nicholas	Bookman		631 3881317 at ()	
	Name o	f Person		ytime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	00 Filing Fee	☐ \$30.00 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)
	Mailing Addres		Street Addres	
	Registration S Division of C	Corporations	Registration Division of	Corporations
]	P.O. Box 632	7	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

Title	Name	Address	Type of Action
MGRM	Christopher Bookman	11071 West Thoreau place, Crystal River, Fl, 34428	🗃 Add
			□Remove
			[] Add
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ffecti	ve date, if other than the date of filing: (optional)
an eff lote:	ective 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 ent's effective date on the Department of State's records.
record I is fil	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 ed.
ated	9/19/2023
	Signature of a member or authorized representative of a member
	CIAMMON OF A INCIDENT OF ABBRICAGE TOPICS CHARACTER A INCIDENT