## L23000464254

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.





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DISPARTMENT OF STATE
DIVISION OF CORPORATIONS

A. PARISHANI AUG - 3 2024

## **COVER LETTER**

TO: Registration Se Division of Cor		·	
	Bookshelves		
SUBJECT:	Name of Limit	ed Liability Company	2024 JU
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	IL 29
Please return all correspo	ondence concerning this matter to	o the following:	1024 JUL 29 PH 12: 31 DEPARTMENT OF STATE DIVISION OF CORPORATION TALLAHASSEE, FLORION
	Megan Schwartz		7. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Name of Person	·^ ·
		Firm/Company	<del></del>
	22784 Cherokee Rose Place		
		Address	
	Land O Lakes Fl 34639		
	msschwartz32@gmail.com E-mail address: (to	City/State and Zip Code  be used for future annual report noti	fication)
For further information of	concerning this matter, please cal	11:	
Megan Schwartz		352 2382509	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre		Street Address:	ani an
Registration Division of O		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021 A DI VI 1 A DI VI

O	'F	
Sticky Styles N' More LLC		L 29
	ny as it now appears on our records.)	<del></del>
		F ST N
The Articles of Organization for this Limited Liability Company	were filed on October 9, 2023	高量 an <b>d a</b> ssigned
Florida document number L23000464254		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Beachside Bookshelves LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22784 Cherokee Rose Place	
(Principal office address MUST BE A STREET ADDRESS)	Land O Lakes Fl	
	34639	
Enter new mailing address, if appticable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	were filed on October 9, 2023  illity company here:  12784 Cherokee Rose Place Land O Lakes Fl  34639  Enter Florida street address  Florida  Florida  Florida  Florida  Florida  Florida  Florida  Florida  Florida  Florida	
<del></del>	, riona City	1 <b>a</b> 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>	Name	Address	Type of Action
			□Add
			□Remove
		3.4.5.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6	Remove 2024
		HASSEE FLORID	2024 Change ILED
		——————————————————————————————————————	□Change
			□Add
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			Change
		□AbbA	🗆 Add
			□Remove
		<del></del>	
			□Add
			□Remove
			□Change

	0024 JU	П
	NARTH 2	
	SEE P	Π
	FOR ST. 12:	
Total Title	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0 tutory filing requirements, this date will not be listed	207 as
record specifies a delayed effective date, but not an effective time, at I is filed.	2:01 a.m. on the earlier of: (b) The 90th day after t	he
ated		
M. St.		
/ ( / - L)	presentative of a member	

Filing Fee: \$25.00