L23000515311

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Registration Section
Division of Corporations

TO:

CHILBYTE SUBJECT:	BOOKS, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Trease return an correspo	indence concerning this matter	to the following.	
	HEATHER SCOFIELD		
		Name of Person	
	CHILDBYTE BOOKS, LI	LC	
		Firm/Company	
	1448 GALENA TER		
		Address	
	DELTONA, FL 32725		
		City/State and Zip Code	
	HEATHER@CHILDBYTE	BOOKS.COM to be used for future annual report notif	fication)
For further information co	oncerning this matter, please c		
HEATHER SCOFIELD		386 320-2672	
Name of Person Area Code		Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHILD I IE BOOKS, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) cd Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Liability Comparing L23000515311	any were filed on NOVEMBER 14, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
CHILDBYTE BOOKS, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	
		: ;
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
		မှ
		ربا (با
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the nam</u>	
Name of New Registered Agent:		
New Registered Office Address:	F	
	Enter Florida street address	
<u></u>	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHILDALE BOOKS ITC

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>	<u>Name</u>	Address	Type of Action
MGR	HEATHER SCOFIELD	1448 GALENA TER, DELTONA, FL 32725	= Add
			□Remove
			□ Change
MGR JOSHUA	JOSHUA SCOFIELD	1448 GALENA TER, DELTONA, FL 32725	≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (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 ____NOVEMBER 20 2023 Signature of a member or authorized representative of a member **HEATHER SCOFIELD**

Typed or printed name of signee