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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address		55	25	re	ddr	1	i	ma	Ε
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNS BIMBO BOOKSHELF LLC

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T. LENSIDUX

MAY 08 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Īo:

H240001665343

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Bimbo Bookshelf LLC	
(Name of the Limited Linhil (A Florid	ty Company as It now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 1.24000129237	Company were filed on 2024-03-14 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
Bone Bridge Books LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	KESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registers</u>
Name of New Registered Agent:	202
New Registered Office Address:	Enter Florida street address H. A. T. T.
	City Florida 23
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to imply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address, I hereby confirm that the limited liability

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From: ZenBusiness User Hamending 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
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To:

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n effective date is listed, the date m	e date of filing:	605.020 Histed a
cord specifies a delayed effect s filed	ve date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day	after the
ed 05/7	2024	
ted 05/7 /s/ Brittany		