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COVER LETTER

то:	Registration So Division of Cor			
SUBJEC		OCK FAM LLC		
SUBJEC	UI;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		SOFTBOOKS INC		
			Firm/Company	
		5373 N NOB HILL RD		
		-	Address	
		SUNRISE, FL 33351		
		INFO@SOFTBOOKSINC.		
For furth	ner information o	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	tification)
	Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$2 5	.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 Registration		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632	27	The Centre of	Tallahassee

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEAD STOCK FAM LLC			_	
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited L	iability Compai	ny were filed on 09/2.	5/2024	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name o	f the limited li	ability company her	<u>e</u> :	
DEADSTOCKFAM LLC				
The new name must be distinguishable and contain the v	vords "Limited Lia	hility Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	N/A		
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offic ss here:	e address on our rec	ords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florid	la street address	
			Florida	
		City	Florida	Zıp Code
New Registered Agent's Signature, if changing	Registered Age	nt:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	oer and comple istered agent a registered off.	te performance of i is provided for in Ci	ny duties, and La hapter 605, F.S. (m familiar with and Or, if this document is

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
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