# 24000 457412

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sophisticated Queets Cardy LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sophisticated Surets Cardy  Firm/Company  O/K/a Sun and  13037 Old Florida Circle Mocn  Address  Hudson, Fl 3449  City/State and Zip Code  Sun And Moon Designs I a gmail. com  E-mail address: (to be used for future annual report notitieation)
For further information concerning this matter, please call:
Name of Person at (727 495 - 494-3)  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)} \$\Bigsquare \text{\$\$\$\$ Certified Copy (additional copy is enclosed)}\$\$

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

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sophisticale	Lo Surets Cardey, LLC
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number 457412	ny were filed on ID/ALASSEE, FL
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Bookish Gifts LLC
Enter new principal offices address, if applicable:	- n/a-Same address
(Principal office address MUST BE A STREET ADDRESS)	, = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a - Same addiress
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	Na same registered agent
New Registered Office Address:	Enter Florida street address
	, Florida City 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

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	the same, thank ) you
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	00/28.2004
ectiv	ve date, if other than the date of filing: 100 - 28 2004 (optional) etive 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
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