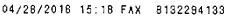
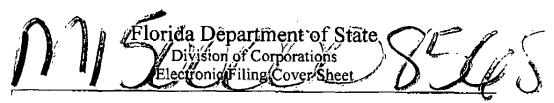
Division of Corporations





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(((H16000106055 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CARLTON FIELDS

Phone

Account Number: 076077000355

Fax Number

: (813)223-7000 : (813)229-4133

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COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Cor	porations		
SUBJECT: Barne	es & Noble (Cafe, LLC	lity Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) an	e submitted for filing.	
Please return all correspo	ondence concerning this m	atter to the following:	
Allison Libe	erto		
	Name of Person		
Barnes & N	loble, Inc.		
	Firm/Company		
122 Fifth A	venue		
	Address		
New York,	NY 10011		
C	ry/State and Zip Code		
Isimpson@	bn.com		
E-mail address: (to	be used for future annual	report notification)	
For further information o	oncerning this matter, plea	ese call:	
Allison Libe	erto	_,212	352-3783
Name o	f Person	Area Code	Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3236	ircle	! ! !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	© \$60 Filing Fee, Certificate of Status & Certified Copy

SUCKETARY OF STATE
TAND APPACES FOR STATE

CR2E062 (9/15)



STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuar	nt to se	ction 605.0209, F.S., this document is being subm	itted to correct a previously	filed document.			
<u>FIRST</u>	: The r	ame of the limited liability company is; Barne	s & Noble Cafe,	LLC			
SECON		The Florida Document number of the limited lim	ability company is: M15	000008568 alification			
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
	stater	ins an incorrect statement. The incorrect statement are as follows: orrect Manager. Please delete					
	OR Was as fol	efectively signed. The manner in which the documents:	ment was defectively signed	and the appropriate correction HASSE	n åre		
	 OR			97 D D			
	The e	ectronic transmission of the record was defective. Signature of Authorized Representative		4/28/1 6 Date			
-		ew registered agent, if applicable :(NOTE: if correlesignation).	ecting the registered agent,	the new registered agent must	sign		
New Re I hereby	egisters y accep ons of a tons of a chang	d Agent's Signature, if changing Registered Agent the appointment as registered agent and agree to ll statutes relative to the proper and complete permy position as registered agent as provided for in the registered office address, I hereby confirm	o act in this capacity. I furth formance of my duties, and	I am familiar with and accept	the erely riting		
		Registered A	gent's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				