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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
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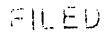
TO: Amendment Section Division of Corporations

Bring Me a	Book Franklin, Inc.
N(99000009496	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Shannon Bothwell	
	(Name of Contact Person)
	(Firm/ Company)
	(rittii Company)
600 East Pine Avenue	
	(Address)
St George Island, FL 32328	
	(City/ State and Zip Code)
bringmeabookfranklin@fairpoint.net	
E-mail address: (to be used for future annual report notification)
For further information concerning this matt	er. please call:
Shannon Bothwell	(561) 762-2135
(Name of Conta	ct Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	
Mailing Address Amendment Section	Street Address Amendment Section

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

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

Articles of Amendment to Articles of Incorporation of



Bring Me a Book Franklin, Inc.		
Name of Corporation as currently filed with the Florida D	ept. of State)	20241 65 65 111 1 00
N09000009496		- 7.3
(Document Number	er of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
Bring Me a Book Forgotten Coast, Inc.		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	N// A	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office		, enter the name of the
new registered agent and/or the new registered office at N/A	adress:	
Name of New Registered Agent:		
New Registered Office Address:	AF.	lorida street address)
<u> </u>		
	(City)	, Florida (Zip Code)
	•	(134) Evido,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:	the abligations of the position
nevery accept the appointment as registered agent. I am fan	inia miniana accept	the congations of the position.
Six	gnature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add		<u>N/A</u>	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
N/A			

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The date of each amendment date this document was signed		, if other	than the
Effective date if applicable:	Upon filing		
	(no	more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does no he Department o	of meet the applicable statutory filing requirements, this date will not be listed a of State's records.	s the
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	rere adopted by toproval.	the members and the number of votes cast for the amendment(s)	

Dated	2/29/24
Signature	Chone Randand
have : other	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) merie Rowland
	(Typed or printed name of person signing)
Pr	esident
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were