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AUG 2 4 2016

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	BLACK BOYS AND	BOOKS, INC.		
	N13000004519			
DOCUMENT NUMBER:		<del>_</del>		
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Erica L. DeSanti, Esq.				
	(	Name of Contact Pe	rson)	· · · · · · · · · · · · · · · · · · ·
Straley & Otto, P.A.				
		(Firm/ Company	)	
2699 Stirling Road, Suite C	-207			
		(Address)	_	
Fort Lauderdale, FL 33312				
	(	City/ State and Zip (	Code)	
	-mail address: (to be used	or future annual rep	ort notification	)
For further information cone	erning this matter, please c	all:		
Erica L. DeSanti, Esq.		at _	954	9627367
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	Department of S	State: ,
■ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐ Certificate of Status	343.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing A	Address	<u>Str</u>	eet Address	
Amendme		Am	endment Section	
Division of Corporations		Div	ision of Corpo	rations

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BLACK BOYS AND BOOKS, INC.

N13000004519	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> nendment(s) to its Articles of Incorporation:	t Corporation adopts the following
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation" or "incorporated" or th	ne abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.	2
. Enter new principal office address, if applicable:	The second secon
Principal office address MUST BE A STREET ADDRESS )	78 / 28 m
	<u> </u>
	भूति जिल्ला इस्ट्रिक्ट
Enter new mailing address, if applicable:	S T
(Mailing address MAY BE A POST OFFICE BOX)	
	2m 2
	<del></del>
. If amending the registered agent and/or registered office address in Florida, enter	the name of the
new registered agent and/or the new registered office address:	<del></del>
Straley & Ott	OPA
Name of New Registered Agent: STALEY & OFT	7 2 1 5 1 6 21
2699 Stirlin	o Road, Suite (-20
2 -/X	rles address)
New Registered Office Address:	02210
Fort Landerdale (Civ)	, Florida
(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the ob	oligations of the position.
G I D-1	(L)

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 <math>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>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	DOMINIQUE A. KEY	P.O. BOX 1656
Add			FORT LAUDERDALE, FL 33302
Remove			
2) X Change	VSTD	Beverly Chambers	P.O. BOX 1656
Add			FORT LAUDERDALE, FL 33302
Remove 3) Change	D	Sefton Chambers	P.O. BOX 1656
X Add			FORT LAUDERDALE, FL 33302
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
<del>-</del>	
<del></del>	
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	· <del>- · · · · · · · · · · · · · · · · · ·</del>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	uent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/w adopted by the board of directors.	∕ere
Dated 7/22/16	
Signature Ower Chambers & Some	>
(By the chairman or vice chairman of the board, president or other officers if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
Beverly Chambers Dominique A. A. (Typed or printed name of person signing)	Sey