N13000007183

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

AND

C. LEWIS

Decle, 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2013

AUGUSTO E. MENDOZA / BOOKS ARE NICE INC 1951 SW 156 AVE MIRAMAR, FL 33027 US

SUBJECT: BOOKS ARE NICE INC. Ref. Number: N13000007183

We have received your document for BOOKS ARE NICE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 513A00026278

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations BOOKS ARE NICE INC 13000007183 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Augusto Mendoza BOOKS ARE NICE INC 1951 SW 156 AUE (Address) MIRAMAR, FL 33027
(City/ State and Zip Code) Books @ BooksALENICE, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AUGUSTO Mendoza at 954 608-4053

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

APPROVEU A**N**D FILED

Articles of Amendment to Articles of Incorporation of

13 DEC -2 PM 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

^ .		01		E, FL ກວກ
BOOKS ARE	NICE	INC	,	20,010
(Name of Corporation as currently fil	ed with the Flori	da Dept. of State)		
N 130 0000 7	183			
(Documen	nt Number of Corp	poration (if known)		_
Pursuant to the provisions of section 617.1006 imendment(s) to its Articles of Incorporation:		this Florida Not For	Profit Corporation adopts the	he following
A. If amending name, enter the new name	of the corporation	<u>1:</u>	,	
				The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		n" or "incorporated"	or the abbreviation "Corp.	
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>				_
	<u>-</u>			
C. Enter new mailing address, if applicabl				_
(Mailing address MAY BE A POST OFF	ICE BUX) _			_
				_
	<u>-</u>			
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office gistered office add	<u>address in Florida, e Iress:</u>	enter the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(F)	lorida street address)		
New Registerea Office Address.				
	(City)		, Florida	
·	(Cily)		· (Zip Cod	de)
New Registered Agent's Signature, if chang			t transcription	
hereby accept the appointment as registered	ageni. 1 am Jami.	наг wип апа ассері і	ne ootigations of the position	1.
	(3)	raistaved Asset if abo		
XI.	CONTINE OF MOVE MA	HISTORAN ANDUL 19 AMA	maina	

Page 1 of 4

P = President, V= Vice President, T= Treasurer, S= Secretary, D= Director: TR- Trustee; C= Chairman or Clerk: CEO = Chief Executive Office: CFO = Chief Financial Office. If an afficer/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, V as Itemove, and Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Itemove, and Sally Smith, SV as an Add. Example: Example: X Change Y	address of each O (Attach additional)	Officers and/or Direct fficer and/or Director sheets, if necessary) icer/director title by the	being added:		director being removed and title, name, and
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. Wike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address Add Remove	P = President; V= Executive Officer:	Vice President; T= Tre CFO = Chief Financia	easurer; S= Secretar l Officer. If an office	y; D= Director: TR= Tri	istee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office
X. Change	a change, Mike Jor	ies leaves the corporat	ion, Sally Smith is na	John Doe is listed as the ι and S . These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
(Check One) 1) X Change S L SIIVIA MENDOZA 1951 SW 156 AVE Add	X Change X Remove	PT John I V Mike SV Sally	<u>Jones</u>		
		Title		. 1	Address
2) X Change Member Marcos A Rodriguez 8264 NE 3 and AVE MIAMI FL 33138 33138 340		SIT	Silvia	MENDOZA	MIRAMAR, FL
3) Change	2) X_ Change	member	MARCOS	A RODRIGUEZ	
					33138
Add					
5) Change	Add			·	
	5) Change				
					
	6) Change	·· <u>·</u>			

_ Remove

If amending or addin (attach additional shee	ts, if necessary).	(Be specific)		,		
			 			
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	date of each amendment(s) a	doption:	, if other than the
date	this document was signed.		13 DEC -2 PM 3: 07
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	SECRETARY OF STATE TALL AHASSEE, FLORIDA
Ado	option of Amendment(s)	(CHECK ONE)	OSEE, FLORIDA
Ø	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the alal.	mendment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) ors.) was/were
	Dated NOVE	MBER 24th 2013	
	Signature		
		man givie chairman of the board, president or other officer-	-if directors
	have not be	en sphered, by an incorporator — if in the hands of a receiver,	trustee, or
	other court	appointed fiduciary by that fiduciary)	
		AUEUSTO MENDOZA	
		(Typed or printed name of person signing)	_
	· ·	PRESIDENT	
		(Title of person signing)	_