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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **BOOKS OVER BULLERTS INC.**

Certificate of Status	0
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Corporate Filing Menu

Help

## Articles of Amendment

to

Articles of Incorporation

Books	OVER	ള	MERTS	1~C	-
Name of Corporation as currently	filed with the Flor	rida Dept.	of State)		
	N/800	000	12581		
	(Document N	Number of	Corporation (if know	m)	
Pursuant to the provisions of section unendment(s) to its Articles of Incor	617.1006, Florida S poration:	Statutes, thi	s Florida Not For P	rofit Corporation ad	lopts the following
A. If amending name, enter the ne	w name of the corp	poration:			
Books	over	RO	LIFTS.	INC.	Th
ROOKS  came must be distinguishable and co  Company" or "Co." may not be us.	ntain the word "cor ed in the name	poration"	or "incorporated" o	r the abbreviation "	Corp." or "Inc."
Enter new principal office addr	ess, if applicable:		···		
Principal office address <u>MUST BE</u>	<u>A STREET ADDR</u>	ESS)			-
C. Enter new mailing address, if a	applicable:	****			<del></del>
(Mailing address MAY BE A PO	ST OFFICE BOX				
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). If amending the registered agen	it and/or registered	office add	dress in Florida, ent	er the name of the	<del></del>
new registered agent and/or the	new registered of	ice addre	13:	er the pane or the	
Name of New Regis	stered Agent:				
New Registered O			(Florida	street address)	-
1.577.1352.515.535.5	Mice Main City.				
	<del></del>	(C	ity)	, Florida Zip C	
Janu Dogistaged & coatte Circature	if about the Deales			(- <i>F</i> -	9
lew Registered Agent's Signature, hereby accept the appointment as re	egistered agent. La	erea Agea ım familiar	<u>is:</u> · with and accept the c	obligations of the po	sition.
					ACC.
		Signatu	re of New Registered	Agent, if changing	355. KH

(Attach additional she Please note the officer P = President: V= Vic	ets, if neces director til e President O = Chief I	sary)  le by the first letter of the office title  i; T= Treasurer; S= Secretary; D= i  financial Officer If an officer/line	District TOD OF THE TOTAL TOTA		
		llowing manner. Currently John Do orporation, Sally Smith is named the lly Smith, SV as an Add.	ve is listed as the PST and Mike Joru ve V and S. These should he noted as	es is listed as th John Doe, PT a	is a Change,
	,			— 1 ₩* (+	2i23
Example: X Change X Remove X Add	<u>PT</u> Y <u>SV</u>	John Doe Mike Jones Sally Smith		CLAHASSI	HAY 26
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	77.C	AH 8:
l) Change Add	<del></del> .			(5) r	<u> </u>
Remove					
2) Change Add					
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	AH 8: 4)
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5-26-2020	
(no more than 90 days after amendment file date)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

3052201440

222 HAY 20 AM 8: 47

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 5/26/2020
Signature
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
KEINO D. JONES
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)