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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

## BOOK'N SUCCESS CORPORATION

NAME OF CORPORATION:					
W22000048348					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a	re submitted for fil	ling.			
Please return all correspondence concerning thi LAUREN HERZFELD	s matter to the foll	owing:			
	(Name of C	Contact Person)		· · · · ·	
BOOK'N SUCCESS CORPORATION					
	(Firm/	Company)			
10020 W BROADVIEW DR					
	(Ac	idress)			
BAY HARBOR, FL 33154					
	(City/ State	and Zip Code)	)		
INFO@BOOKNSUCCESS.ORG					
E-mail address: (to b	e used for future a	innual report n	otification	)	
For further information concerning this matter,	please call;				
LAUREN HERZFELD		•		433-1241	
(Name of Contact	Person)	at (Are	a Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount in		: Florida Depai	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	tatus Certified	Copy nal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

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

Street Address

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

(Name of Corporation as currently filed with the Florida I BOOK'N SUCCESS CORPORATION	Dept. of State)
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat N/A	ion: The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A ~ ~
(Principal office address MUST BE A STREET ADDRESS	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SEE P
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name of the
Name of New Registered Agent:	
N/A	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
Thereby accept the appointment as regimered agent. I am ju	N/A
Si	ignature of New Registered 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	PT         John Do           V         Mike Jo           SV         Sally Sr	ones		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change X Add	<u>v</u>	MADELYN HERZFELD	10020 W BROADVIEW DR BAY HARBOR, FL 33154	
Remove				
2) Change Add				
Remove 3 ) Change Add Remove			TALL AHAS	n =
4) Change Add	<del></del>		SEE 6	7
Remove			FLERIUS	_
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)		
N/A				
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The date of each amendment(s) adopti	N/A ion:	_				, if othe	r than the
date this document was signed.	-					-	
N/A Effective date <u>if applicable</u> :							
Ontestive date it applicable.	(no more than 90	days after ame	ndment file date	)	_	_	
Note: If the date inserted in this block d	oes not meet the app	plicable statuto	ry filing require	ments, this date	will not b	e listed	as the

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

Adoption of Amendment(s)

(CHECK ONE)

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

MAY 31, 2022	1	
Dated		
Signature Lavo	~ Hersheld	
have not been sele	r vice chairman of the board, president or other officer-if dicted, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary)	tee, or
	LAUREN HERZFELD	
	(Typed or printed name of person signing)	
	. 71	