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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BECBSCI McKenzie, INC
DOCUMENT NUMBER: N236	000010684
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Barbara	
	(Name of Contact Person)
Barbara & Pau	il McKenzie Books
	(Firm/ Company)
323 Crichton	5 1 .
	(Address)
Ruskin FL	(Address) . 33570 (City/ State and Zip Code)
	(City/ State and Zip Code)
Boebsneke	nzie @ gmail. com be used for future annual report notification)
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r, please cali:
Barbara McKe	nzie at (407) 301-1513 (Area Code) (Daytime Telephone Number)
(Name of Contac	t Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
St \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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	23
	to Articles of Incorporation	7. 8
	of	
BEEBSCI MCK	GNZIE, INC	6 [
(Name of Corporation as currently filed with the I	Florida Dept. of State)	
N 23000010	0684	بي ۾
(Docume	nt Number of Corporation (if know	/n) 등
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
Barbara & Paul Mct	Kenzie Books	Try. The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporation" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<i>OX</i>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, en l office address:	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florid	a sireet address)
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the	obligations of the position.
	Cimating of Viv. Decision	I tomas if all and
	Signature of New Registered	t Agent, if changing

and address of each Off (Attach additional sheets, Please note the officer/di P = President; V= Vice I	icer and/or Direc , if necessary) rector title by the j President; T= Trec = Chief Financial	first letter of the office title; isurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha	stee; C = Chairman or Clerk: CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporatio	n, Sally Smith is named the V and S. These sl	PST and Mike Jones is listed as the V. There is hould he noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	PT John De Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add			
Remove 2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		ent request is The company fr	to change
BEER	BSCI N	MCKENZIE INC	To
Barbar	a 9 1	Paul McKenzie.	

change		compan	ry's 1	name from e + Paul Mckenz			BGEBSCI McKenzi		
Inc.	<u>To</u>	Barba	ra t	Paul	Mcke	urie	BOOKS	<u> </u>	
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ective date <u>if</u>	applicable	;	ore than 00 a	ave after come	ndment file date)	···			

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

Dated $\frac{9/20/2023}{}$
Signature Bulkeyria
(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)
BARBARA MCKENZIG
(Typed or printed name of person signing)