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EXAMINER

COVER LETTER

Division of Corporations Nazzaro Ot G Number One, LLC
(Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tracy A. Nazzaro Nazzaro O+G Number One, LLC (Firm/Company) 1417 Saddler Road, #377

(Address)

Fernandina Beach, FL 32034

(City/State and Zip Code) For further information concerning this matter, please call: at (703) 282 - 3893 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee □\$60.00 Filing, Fee, □\$30.00 Filing Fee & □\$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Na 22 aro 046 h					
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now a nited Liability Comp	ppears on o any)	our records	<u>.</u>)	
The Articles of Organization for this Limited Liability Con Florida document number <u>LO36000 51784</u>	npany were filed on	<u>Decerul</u>	oer 10,	2003 and a	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability compan	<u>y here</u> :			
Museum Merchant, L	LC				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability C	ompany," tl	he designati	ion "LLC" or th	e abbreviation
Enter new principal offices address, if applicable:				4 53	
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>			AEG 199	; C384 4 2 ⁴⁵ 40 ;
					CERTIFIED A
				15 128.7 12.8 12.8 12.8 12.8 12.8 12.8 12.8 12.8	- Transfer
Enter new mailing address, if applicable:				mo B	
(Mailing address MAY BE A POST OFFICE BOX)					5
		· <u>-</u> -		골	5
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		on our re	ecords, <u>en</u>	ter the name	of the new
Name of New Registered Agent:	····				
New Registered Office Address:					
		(Enter F	lorida stre	et address)	
	(City)			(Zip C	ode)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address** Type of Action **Name** ☐ Add Remove ☐ Add Remove _ Add Remove Remove □ Remove ☐ Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Bignature of a member of authorized representative of a member Tracy A. Nazzaro
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00