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EXAMINER



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SEPRETARY OF STATE

JUL 22 PH 3: 4

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJI	ECT:	Museum	n Merchant, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please	return all correspo	ndence concerning this matte	r to the following:			
			Tracy Nazzaro Name of Person		-	
		Museum M	Merchant, LLC / Sempe	r Social	_	
			27 Sea Marsh Road			
	Address					
	Fernandina Beach, FL 32034 City/State and Zip Code					
		E-mail address: (nazzaro@aol.com to be used for future annual report	notification)		
For fur	ther information co	oncerning this matter, please of	·	,		
	Tra Name of	cy Nazzaro	at (703)	282-3893		
	Name of	rerson	Area Code & D	aytime Telephone Numbe	r	
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	ite of Status &	
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Museum Mer			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL0300051784	were filed on	12/10/2003	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>·e</u> :	
Semper Soc	ial, LLC	•	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Compa	any," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· : -	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:	ice address on o	our records, <u>enter th</u> :	e name of the new
New Registered Office Address:	Fni	er Florida street addre	
	Lni	Florida :	22
	City	, Florida <u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		80 20 80 80 80 80 80 80 80 80 80 80 80 80 80	
I hereby accept the appointment as registered agent and agree			e to comply with

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

1

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 18 2011 Dated_ Signature of a member or authorized representative of a member Tracy A. Nazzaro Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00