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(Address)
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COVER LETTER

Division of Cor				
<u> </u>	OCIATES LLC			
30bJEC1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	G. Jean Best-Richardson			
	***	Name of Person	to provide a communicación de la communicación	
	Best Books & Rich Treasu	res		
		Firm/Company		
	3108 N. Boundary Bldg, B	lldg 926-170		
	Agr. 1 Agricul	Address		
	Tampa, Florida 33621			
		City/State and Zip Code		
	bestbooksrichtreasures@gn E-mail address: (nail.com to be used for future annual report notifi	ication)	
For further information co	oncerning this matter, please ca	ail:	2018 TALL	
Gigi Best-Richardson		813 944-2112 at ()	LC RELATION	
Name o	f Person		Telephone Number 5 10-	FIM
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing:Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	N/G + DINEGG	000000000000000000000000000000000000000		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BBRT ASSOCIATES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000093711</u>	were filed on September 13, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BEST-RICH AFRICAN DIASPORA LITERARY MUSEUM LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Francisco
Non Designation of According to the Company of the	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	55
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further agres to comply with the performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Adú
			Remove
			☐ Change
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of diverse audiences. Speci	fically highlighting the contributi	ons of Africans who were force	d into enslavement
and forbidden to read and w	vrite to their resilience and growth	n to literacy.	
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ive date, if other than the cetive date is listed, the date in	e date of filing:ust be specific and cannot be prior to	(5	ptional) = 47
If the date inserted in this b	block does not meet the applicable Department of State's records.		this date will not be lis
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Typed or printed name of signee

Filing Fee: \$25.00