107000093711

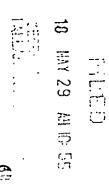
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |

Office Use Only



900313786249

05/29/18--01007--017 **25.00



O SIMMONS
JUN 0 1 2018

COVER LETTER

| то: | Registration Se Division of Cor | | | |
|----------|------------------------------------|---|---|--|
| cum | | H AFRICAN DIASPORA LIT | ERARY MUSEUM | |
| SUB | IECT: | | ited Liability Company | |
| The e | enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Pleas | e return all correspo | ndence concerning this matter | to the following: | |
| | | G. JEAN BEST-RICHARI | DSON | |
| | | | Name of Person | |
| | | BBRT ASSOCIATES LLC | | |
| | | | Firm/Company | ····· |
| | | 3108 N. BOUNDARY BL | VD | |
| | | | Address | |
| | | BLDG 926-170 | | |
| | | | City/State and Zip Code | |
| | | TAMPA,FL 33621 | | |
| | | E-mail address; (| to be used for future annual report notif | fication) |
| For fi | urther information co | oncerning this matter, please ca | ıll: | |
| GLO | RIA BEST-RICHA | RDSON | 813 944-9802 | |
| | Name o | f Person | at () Area Code — Daytimo | 2 Telephone Number |
| Enclo | osed is a check for th | ne following amount: | | |
| S | 25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

BEST-RICH AFRICAN DIASPORA LITERARY MUSEUM LLC

The Articles of Organization for this Limited Liability Company were filed on MARCH 2018

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRRT ASSOCIATES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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)

BLDG 926-170

TAMPA, FL 33621

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

| _ | Circ | _, Florida Zip Code |
|--------------------------------|------------------------|------------------------|
| New Registered Office Address: | Enter Florida street a | uldress |
| Name of New Registered Agent: | | |

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

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | 🖸 Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | :. | Go hange |
| | | | |
| | | | □ Rémove |
| | | | Change |
| | - | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Chango |

| . , | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | T. 1. 55 |
| | 7 夏 |
| | 29 |
| | بران المحالية المحالية |
| | <u> </u> |
| | . Sr |
| | , , , , , , , , , , , , , , , , , , , |
| | |
| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filinge: If the date inserted in this block does not meet the applicable statutory | g or more than 90 days after filing.) Pursuant to 605.0 |
| ument's effective date on the Department of State's records. | |
| and an action and allowed afficients and allowed afficients. | |
| record specifies a delayed effective date, but not an effect he 90th day after the record is filed. | ive time, at 12:01 a.m. on the earlie |
| , MAY 23 2018 | |
| ed mix 25 |) |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00