

L11000023428

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

APR 01 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muse Galleria 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:

Marsha Anderson
Name of Person

Muse Galleria LLC
Firm/Company
817 Honore Avenue
3801 McIntosh Road
Address

Sarasota Florida 34232
City/State and Zip Code

musegalleria.sarasota@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marsha Anderson at (941) 320-0485
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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**

Muse Galleria LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2-24-2011 and assigned
Florida document number L11000023428

This amendment is submitted to amend the following:

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

Muse Emporium LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

817 Honore Avenue
Sarasota Florida 34232

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

817 Honore Avenue
Sarasota Florida 34232

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:

Name of New Registered Agent:

Marsha Anderson

New Registered Office Address:

817 Honore Avenue

Enter Florida street address

Sarasota

City

Florida

34232

Zip Code

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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: 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.

(b) The 90th day after the record is filed.

Dated March 28, 2016

Marsha Anderson
Signature of a member or authorized representative of a member

Marsha Anderson
Typed or printed name of signer

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TALLAHASSEE FLORIDA