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COVER LETTER

TO: Registration S Division of Co					
Muse Esso SUBJECT:	entials, LLC				
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Gabriel Trujillo				
		Name of Person			
	<u> </u>	Firm/Company			
	18962 Cloud Lake Circle	-			
		Address			
	Boca Raton, FL 33496				
	gabrielTrealtor@gmail.con	City/State and Zip Code			
		to be used for future annual report notification	on)	;•3 €3	
For further information (concerning this matter, please c	all:			
Gabriel Trujillo		954 937-8558 at ()			
Name (of Person	Area Code Daytime Tele	ephone Number		
Enclosed is a check for t	the following amount:			3	ه سو د
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muse Essentials, 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 August 28, 2017 and assigned Florida document number 1.17000182994 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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 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
MGR	Dyvone C. Carter	5938 Patio Drive, Boca Raton, FL 33433	□Add
			Remove
			□Change
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Signature of a member or authorized representative of a member					
	d is filed.				

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Filing Fee: \$25.00