

h21 000239628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

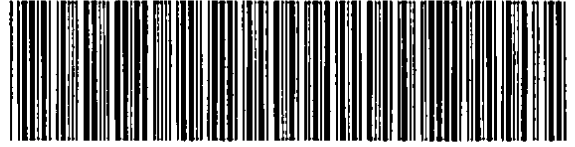
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 DEC 17 PM 12:37

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMAZIN GRAPHIC SELFIE MUSEUM 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:

DAWNASHAE JOHNSON  
Name of Person

AMAZIN GRAPHIC SELFIE MUSEUM LLC  
Firm/Company

1095 E. NINE HILE RD, SUITE 3  
Address

PENSACOLA, FL 32514  
City/State and Zip Code

AMAZINGGRAPHIC SELFIE MUSEUM @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWNASHAE JOHNSON at ( 850 ) 221-8868  
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 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

FILED

2021 DEC 17 PM 12:37

ANAZIN GRAPHIC SEITE MUSEUM LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/24/21 and assigned Florida document number L21000239628.

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)

1095 E. NINE MILE RD, SUITE 3  
PENSACOLA, FL 32514

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1095 E. NINE MILE RD, SUITE 3  
PENSACOLA, FL 32514

**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:

DAWNASHAE JOHNSON

New Registered Office Address:

1095 E. NINE MILE RD, SUITE 3

*Enter Florida street address*

PENSACOLA

*City*

Florida

32514

*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**

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>
<u>AMBR</u>	<u>HEGAN MCCRAY</u>	<u>1095 E. NINE MILE RD, SUITE 3</u>	<input checked="" type="checkbox"/> Add
		<u>PENSACOLA, FL 32514</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>SIERRA JOHNSON</u>	<u>31 LIKEN CT</u>	<input type="checkbox"/> Add
		<u>PENSACOLA, FL 32506</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>LILLE RICHARDSON BARNES</u>	<u>5908 MAKEMMA DR.</u>	<input type="checkbox"/> Add
		<u>PENSACOLA, FL 32526</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>TRAYON PAYNE</u>	<u>5908 MAKEMMA DR,</u>	<input type="checkbox"/> Add
		<u>PENSACOLA, FL 32526</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>TERRANCE MALONE</u>	<u>5908 MAKEMMA DR,</u>	<input type="checkbox"/> Add
		<u>PENSACOLA, FL 32526</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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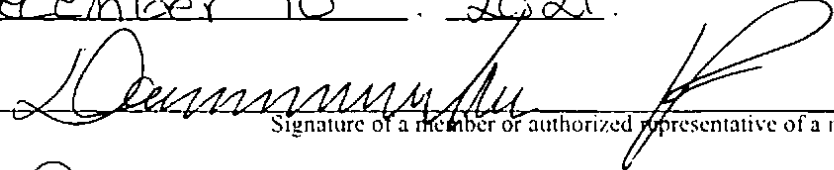
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 10, 2021.

  
Signature of a member or authorized representative of a member

Dawneshae Johnson  
Typed or printed name of signee