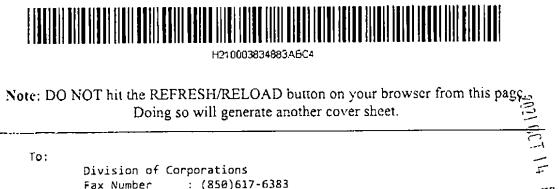
sion of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000383488 3)))



Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140 : (561)844-3600 : (561)842-4104 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MUSG BEARS CLUB**

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COVER LETTER

TO: Registration Se Division of Cor			
	ARS CLUB		
SUBJECT:	Name of Lim	ted Liability Company	
	Amendment and fee(s) are subsondence concerning this matter		
	Gregory R. Cohen, Esq.		
		Name of Person	
	Cohen Norris Wolmer Ray	Telepman Berkowitz Cohen	
	· · · · · · · · · · · · · · · · · · ·		
	712 U.S. Highway One, St	tite 400	
		Address	
	North Palm Beach, FL 334	80	
	M@NJRETINA.NET	City/State and Zip Code	
	_	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Karin Drakas		561 844-3600 at ()	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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)

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 TO ARTICLES OF ORGANIZATION OF

MUSG BEARS CLUB		 §
(Name of the Limited Liah (A Flori	ulity Company as it now appears on our records idu Limited Liability Company	
The Articles of Organization for this Limited Liability	Company were filed on 9/22/2021	and assigned.
Florida document number L21000419031	. <u></u> .	ب
his amendment is submitted to amend the following:		•
. If amending name, enter the new name of the li	mited liability company here:	
MUSG BEARS CLUB, LLC		
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)	··-·
•		
•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)	red office address on our records, enter	the name of the new registe
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	red office address on our records, <u>enter</u>	the name of the new registe
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	red office address on our records, <u>enter</u> :	the name of the new registe
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	red office address on our records, <u>enter</u>	the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	red office address on our records, <u>enter</u>	the name of the new registe
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here	red office address on our records, enter :	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address	

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

T-117 P.04/05 F-891

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

#21000 383 4883

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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record I is file	i specifies a delay ed.	ed effective	date, but no	t an effecti	ive time, at	12:01 a.m. o	n the earlie	r of: (b)	The 90th da	y after the
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