## 121000503465

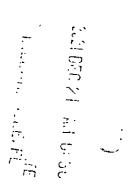
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A BUTLER JAN 10 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
	MUSEUM, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MEGHAN ALBERTY		
		Name of Person	
	MARKET AMERICA		
		Firm/Company	
	1302 PLEASANT RIDGE	ROAD	
		Address	<del> </del>
	GREENSBORO, NC 2740	9	
		City/State and Zip Code	<del></del>
	meghana@marketamerica.c		
For further information of	e-mail address: (	to be used for future annual report not all:	incanon)
MEGHAN ALBERTY		336 478-4075	
Name o	d Person	at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of [	l'allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021 p=0.01 U-0.0
ords.)
F. 4-3 (1) (1) (2) (2)
and assigned
.I.C" or the abbreviation "L.L.C."
er the name of the new registe
Iress
Florida

## 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.

City

Zip Code

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

MGR = Manager

	···-	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LOREN RIDINGER	2954 N. BAY ROAD, MIAMI BEACH, FL 33140	<b>■</b> Add
		<del></del>	🗆 Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			Remove
			□Change
	<del> </del>		🗆 Add
			□Remove
			□Change
		<del></del>	🗆 Add
			🗆 Remove
			🗆 Change

<del></del>
(optional) han 90 days after filing.) Pursuant to 605.0207 (
quirements, this date will not be listed as t
ne earlier of: (b) The 90th day after the
member
ŀ

Filing Fee: \$25.00