Division of Corporations



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Division of Corporations

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From:

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Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUSA FUSA FLACCO LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSA FUSA FLACCO LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our ranted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on		and assigned
Florida document number L22000416687			
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 abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		(A) (A) (A)	202 <b>2</b>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		B T
		<u> </u>	
		388% 308%	<u>₹</u> m
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<u> </u>
B. If amending the registered agent and/or registered of	fice address on our records, ç	enter the name of	the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street e	address	
	City	Florida	Sip Code

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
AMBR	Darrell Madry	818 N 46th Ave	<b>■</b> Add
		Hollywood, FL 33021	□Remove
			☐ Change
AMBR	Douglas Welsher	818 N 46th Ave	<b>=</b> Add
		Hollywood, FL 33021	□Remove
AMBR	Denara Lewis	818 N 46th Ave	■Add
		Hollywood, FL 33021	□Remove
	<del></del>		DAdd
			□Remove
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	ate of filing:		(optional)
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Note: If the date inserted in this block document's effective date on the Department of the Department	k does not meet the applicab artment of State's records.		ents, this date will not be listed as
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the properties and the defective date of the field.  December 19th	k does not meet the applicab artment of State's records. late, but not an effective time	e, at 12:01 a.m. on the earli	ents, this date will not be listed as

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