## P140000899999

|                      | (Requestor's Name)       |   |
|----------------------|--------------------------|---|
|                      | (Address)                |   |
|                      | (Address)                |   |
|                      | (City/State/Zip/Phone #) |   |
| PICK-UF              | P WAIT MAI               | L |
|                      | (Business Entity Name)   |   |
|                      | (Document Number)        |   |
| Certified Copies     | Certificates of Status   |   |
| Special Instructions | s to Filing Officer:     |   |
|                      |                          |   |
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Office Use Only



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new have has a zero instead to an O (bast character)

> DEC \$ 2015 A RAMST

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

| NAME OF CORPO           | RATION: MUSEO, INC                                                                    |                                                                    |                                                                                        |
|-------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUM            | BER: P14000089909                                                                     |                                                                    |                                                                                        |
|                         | of Amendment and fee are su                                                           | bmitted for filing.                                                |                                                                                        |
| Please return all corre | espondence concerning this mat                                                        | tter to the following:                                             |                                                                                        |
|                         | ARLENE SHANE                                                                          |                                                                    |                                                                                        |
|                         |                                                                                       | Name of Contact Persor                                             | 1                                                                                      |
|                         | SOLUTIONS FOR ACCOUNT                                                                 | NTING, INC                                                         |                                                                                        |
|                         |                                                                                       | Firm/ Company                                                      |                                                                                        |
|                         | 1311 N 47TH AVE                                                                       | Gempuny                                                            |                                                                                        |
|                         |                                                                                       | Address                                                            |                                                                                        |
|                         | HOLLYWOOD, FL 33021                                                                   |                                                                    |                                                                                        |
|                         | -                                                                                     | City/ State and Zip Code                                           | 2                                                                                      |
| SHA                     | NE18@BELLSOUTH.NET                                                                    |                                                                    |                                                                                        |
|                         | •                                                                                     | sed for future annual report                                       | notification)                                                                          |
|                         | <u> </u>                                                                              |                                                                    | ,                                                                                      |
| For further information | on concerning this matter, pleas                                                      | se call:                                                           |                                                                                        |
| ARLENE SHANE            |                                                                                       | 954<br>at (                                                        | 967-8565                                                                               |
| Name                    | of Contact Person                                                                     |                                                                    | de & Daytime Telephone Number                                                          |
| Enclosed is a check f   | or the following amount made                                                          | payable to the Florida Depa                                        | artment of State:                                                                      |
| \$35 Filing Fee         | □\$43.75 Filing Fee & Certificate of Status                                           | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| An<br>Div<br>P.C        | niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Amend<br>Divisio<br>Clifton                                        | Address Iment Section on of Corporations Building executive Center Circle              |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MUSEO, INC

| (Name o                                                                             | of Corporation as currently filed with the Florida Dept. of State At 10: 13                                                                                   |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P14000089909                                                                        | SECRETARY OF STATE                                                                                                                                            |
|                                                                                     | (Document Number of Corporation (if known) TALLAHASSEE, FLORIDA                                                                                               |
| Pursuant to the provisions of section 607. its Articles of Incorporation:           | 1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to                                                           |
| A. If amending name, enter the new na                                               | ame of the corporation:                                                                                                                                       |
| MUSE®, INC                                                                          | MUSCO INC                                                                                                                                                     |
|                                                                                     | tain the word "corporation," "company," or "incorporated" or the abbreviation nation "Corp," "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u> |                                                                                                                                                               |
|                                                                                     |                                                                                                                                                               |
|                                                                                     |                                                                                                                                                               |
| C. Enter new mailing address, if appli                                              | icable:                                                                                                                                                       |
| (Mailing address MAY BE A POST)                                                     | OFFICE BOX                                                                                                                                                    |
|                                                                                     |                                                                                                                                                               |
|                                                                                     |                                                                                                                                                               |
|                                                                                     | <del></del>                                                                                                                                                   |
|                                                                                     | d/or registered office address in Florida, enter the name of the                                                                                              |
| new registered agent and/or the new                                                 |                                                                                                                                                               |
| Name of New Registered Agent                                                        | FRANK SMITH, ATTORNEY                                                                                                                                         |
|                                                                                     |                                                                                                                                                               |
|                                                                                     | (Florida street address)                                                                                                                                      |
| New Registered Office Address:                                                      | 9900 STIRLING RD STE #226 COOPER CITY 33024                                                                                                                   |
| New Negamerea Office Hearess.                                                       | (City) (Zip Code)                                                                                                                                             |
|                                                                                     |                                                                                                                                                               |
|                                                                                     |                                                                                                                                                               |
| New Registered Agent's Signature, if c                                              | Hatter to the test test                                                                                                                                       |
| i nereby accept the appointment as regist                                           | ered agent. I am familiar with and accept the obligations of the position.                                                                                    |
|                                                                                     |                                                                                                                                                               |
|                                                                                     |                                                                                                                                                               |
| <del></del>                                                                         | Signature of Nov Registered Agent, if changing                                                                                                                |
|                                                                                     |                                                                                                                                                               |
|                                                                                     |                                                                                                                                                               |

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | <u>PT</u>    | John Doe       |                         |  |
|----------------------------|--------------|----------------|-------------------------|--|
| X Remove                   | <u>v</u>     | Mike Jones     |                         |  |
| X Add                      | <u>sv</u>    | Sally Smith    |                         |  |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s         |  |
| 1) Change                  | VP           | STEPHAN A ODLE | 1562 NE 191 ST APT #210 |  |
| Add X Remove               |              |                | N MIAMI BEACH, FL 33179 |  |
| 2) Change Add              | <del>_</del> |                |                         |  |
| Remove                     |              |                |                         |  |
| Add                        |              |                |                         |  |
| 4) Change Add              |              |                |                         |  |
| Remove                     |              |                |                         |  |
| 5) Change Add              |              |                |                         |  |
| Remove                     |              |                |                         |  |
| 6) Change Add              |              |                |                         |  |
| Remove                     |              |                |                         |  |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific)                                                                     |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| • ,                                      |                                                                                                               |
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|                                          |                                                                                                               |
|                                          |                                                                                                               |
| provisions for implementing the ame      | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)        |                                                                                                               |
| (y noi apparaoie, maicaie ma)            |                                                                                                               |
| (y noi appricable, maicale (VA)          |                                                                                                               |
| (y noi applicable, maicale (VA)          |                                                                                                               |
| (y noi applicable, maicale tVA)          |                                                                                                               |
| (y noi applicable, maicale tVA)          |                                                                                                               |
| (y noi applicable, maicale tVA)          |                                                                                                               |
| (g not approvate, material tVA)          |                                                                                                               |

|                                                                            | 7/29/15                                                                                                                                                                                           |                           |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| The date of each amendment(s)                                              | adoption:                                                                                                                                                                                         | , if other than the       |
| date this document was signed.                                             |                                                                                                                                                                                                   |                           |
|                                                                            | 29/15                                                                                                                                                                                             |                           |
| Effective date <u>if applicable</u> :                                      |                                                                                                                                                                                                   |                           |
|                                                                            | (no more than 90 days after amendment file date)                                                                                                                                                  |                           |
| <b>Note:</b> If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, this date v<br>Department of State's records.                                                                                 | vill not be listed as the |
| Adoption of Amendment(s)                                                   | (CHECK ONE)                                                                                                                                                                                       |                           |
| The amendment(s) was/were a by the shareholders was/were                   | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.                                                                                                |                           |
|                                                                            | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):                                                |                           |
| "The number of votes ca                                                    | st for the amendment(s) was/were sufficient for approval                                                                                                                                          |                           |
| by                                                                         | (voting group)                                                                                                                                                                                    |                           |
| •                                                                          | (voting group)                                                                                                                                                                                    |                           |
| ☐ The amendment(s) was/were a action was not required.                     | dopted by the board of directors without shareholder action and shareholder                                                                                                                       |                           |
| ☐ The amendment(s) was/were a action was not required.                     | dopted by the incorporators without shareholder action and shareholder                                                                                                                            |                           |
| Dated                                                                      |                                                                                                                                                                                                   |                           |
| / sçlet                                                                    | director/president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |                           |
|                                                                            | KERBY PATA                                                                                                                                                                                        |                           |
|                                                                            | (Typed or printed name of person signing)                                                                                                                                                         |                           |
|                                                                            | PRESIDENT                                                                                                                                                                                         |                           |
|                                                                            | (Title of person signing)                                                                                                                                                                         |                           |