

L10000081321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

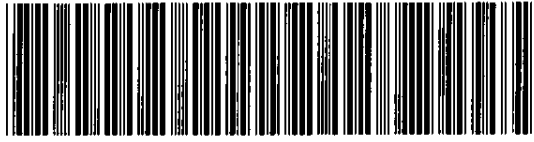
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
12 MAY 11 AM 11:54
DEPARTMENT OF STATE
SYSTEMS OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 14 2012

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WALK IN

PICK UP: 5/11 Emily

- CERTIFIED COPY _____
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1. Muscle Girlz Live, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED*
12 MAY 11 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MUSCLE GIRLZ LIVE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/02/2010 and assigned
Florida document number L10000081321.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Julia Schatz	18803 Avenue Biarritz Lutz, Florida 33558	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kim Buck	34 Cameron Circle Newnan, GA 30263	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Joel Goldberg	1350 15th Street, Apt. 7A Fort Lee, NJ 07024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Melody Spetko	6690 Mcleod Rd., Unit 11 Niagra Falls, Ont, Canada L2G 3G5	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 09, 2012.



Signature of a member or authorized representative of a member
Melody Spetko, Member

Typed or printed name of signee