L13000140318

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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OCT 2 8 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Van Muscles LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael W. Laner Esquise
(Contact Person)

Liberty of Trust Law Group of Florids LLC
(Firm/Company)

4/10 Southern Blud, Su, H. Sto
(Address)

Jacksenulls LL Jack
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael W. Laner at (904) 568 1750
(Name of Contact Person)
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

☐ \$25 Filing Fee



October 14, 2014

MICHAEL W LANIER, ESQ. LIBERTY OF TRUST LAW GROUP OF FLORIDA 4110 SOUTHPOINT BLVD STE 500 JACKSONVILLE, FL 32216

SUBJECT: VANITY MUSCLES LLC Ref. Number: L13000140318

We have received your document for VANITY MUSCLES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00021971

Teresa Brown Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTICEES	OF OKGANIZATION	140072 ED
Name of the Limited Liabil (A Florid	LLC ity Company as it now appears on a Limited Liability Company)	our records.) A /2013 and assigned
The Articles of Organization for this Limited Liability (Company were filed on	1/4/2013 and assigned
Florida document number <u>L 13000 14031 &</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		or records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida Zip Code
	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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Address** Title Name MGR Arin Phiannen Gale 1875 Maltese Drue BAdd Middleburg FL 3206 - Remove MGRM Christopher Taylor 1875 Maltese Place - Add Middleburg FL 32018 PRemove 6333 Connie Jean Rd DAdd MGRM Aaron Smith Jacksonull, FL 3222 Bremove AMBR Christopher Taylor 1875 Miltese Place BAdd Middleburg FL 32068 Remove □ Add ☐ Remove □ Add ____ □ Remove

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Effective da	te, if other than the date of filing: (ontional)
the date this d	te, if other than the date of filing: ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ocument is filed by the Florida Department of State)
the date this d	October 6, 2014.
the date this d	Signature of a number or authorized representative of a member Michael W. Linier Athores A. Vahita Musels Typed or printed name of signee
the date this d	Signature of a number or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00