47000077794

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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ECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	Name of Limite	S L.L. C		
The enclosed Articles of Art	endment and fee(s) are subm	ditted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	John	Codizio Name of Person		
		Firm/Company		
	<u>12141 62</u>	nd St. Ste	9	
		1. 33733 City/State and Zip Code Chining Ahotn be used for future annual re		
For further information cond	E-mail address; (to erning this matter, please cal	y	port notification)	
	d1210		So5-1947	
Name of re	ANOI	mea Code	Dayline receptione (vanioe)	
Enclosed is a check for the f	ollowing amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Certificate (Sed) Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muscle Industr (Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 17000077794</u>		- <u>62017</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite MUSCLE Machining LLC The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	ed Liability Company," the designa	tion "L.I.C" or the abbreviation "L.I.Q" S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AH II: 09
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	City	Florida Zip Code
	Cny	zap Coae

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
		,	Add
			□ Remove
		<u></u>	Change
			NECSE Amadak
			File Corrections of Care Corrections of Care Corrections of Care Corrections of Care Care Care Care Care Care Care Care
			B Charles
			S Change

f amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
	
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Effective date, if other than the date of filing: (option If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	nal)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d	ling.) Pursuant to 605.0207 late will not be listed as
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the earlier of
The 90th day after the record is filed.	
Dated Tan 4th	
Dated $3a 4^{th}$. 2018 .	9
	38 NSE
Signature of a member or authorized representative of a member	CRET
John Cudizio	-5 -5
Typed or printed name of signee	RPOINT S
	OF STATE RPORATIONS
Page 3 of 3	98.50 OR.

Filing Fee: \$25.00